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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Inverted or Imbedded Nail.* By J. P. BATCHELDER, M.D.

THIS very troublesome complaint is usually located at the inner side of the great toe nail—sometimes at both sides, and seldom implicates the nail of any other toe, and never, to any extent, those of the fingers. It is always, we believe, caused by wearing a tight shoe, the pressure of which bends the side of the nail downwards and retains it in that position till, fixed by the growth of the part, it becomes a constant source of discomfort to the patient and annoyance to the surgeon, and almost an opprobrium to the profession. Various methods of treatment have been proposed and practiced by different surgeons, none of which shall we stop to canvass. That which is, however, most generally in vogue at the present day, is to slit up, and extirpate, the inverted portion of nail with a pair of forceps; this method, harsh and cruel as it is, seldom effects a radical cure, for as soon as this part of the nail grows out again, the plague returns, and commonly with increased severity, so that the surgeon as well as the patient, becoming desperate, resolves, and actually does tear out the whole nail,* but this, to the chagrin of both, seldom effects a cure—certainly not always, or even generally, according to the observation of the writer.

* I can never even think of this operation without a shudder—it being so like the practice of the savage, who, when actuated by the most intensified desire to inflict the greatest amount of torture upon his unhappy victim, has recourse to this very expedient as a dernier resort,—a refinement in cruelty.

This affection should be regarded as an ulcer, which, irritated by the circumstances of the case and situation of the part affected, is kept from healing by the presence of a portion of the nail, which acts as an extraneous body. Like the carious ulcer, it discharges a sanious fluid, and protrudes a fungus, which grows afresh when destroyed by caustics, or shaved off with a knife, and actually refuses to heal so long as the offending cause, the inverted nail, remains; but the absolute and entire removal of even the whole nail, in the manner usually practiced, is followed by a cure which is only temporary; for as soon as the nail grows out again, the trouble, as has been stated, returns, and generally in an aggravated degree. Notwithstanding the ill success which attends the customary modes of treating this complaint, they must prevail until a better can be proposed, and this, we opine, an enlarged experience enables us to do. The following plan of treatment has invariably succeeded, and is, therefore, the only one we have ever tried.

1. Let the deflected portion of nail (which the patient has been in the habit of paring off as much as possible, in order to procure some degree of ease,) grow out to be as long as the rest of the nail, or rather to be on a line with the end of the toe:—an essential part of the treatment. While this is being accomplished, the patient should wear a loose shoe, i.e., one, the inner sole of which is fully as wide as the foot, and refrain, as much as may be convenient, from standing or walking.

2. When the inverted portion of the nail is adequately grown, cut a groove from the root to the end of the nail, along the line where the nail begins to deflect, which we will call, by way of distinction, the angle of incidence. In doing this, great care should be taken not to deepen the groove so as to reach the quick beneath—in fact not to make the portion of the nail between the quick and the bottom of the reigle so thin as to endanger the splitting of the nail along the groove, for this accident would infallibly stop the process, and compel the surgeon to wait until the nail had again grown out to the required length. This groove effected, the depressed portion should be gently raised and kept up by insinuating, likewise in the gentlest manner possible, a compress about a quarter of an inch in width, formed by the double of a piece of thin muslin, beneath the edge of the nail, between it and the flesh below. This part of the process should be very carefully

performed, to prevent the aforesaid splitting up of the nail, as well as to avoid giving the patient unnecessary pain. The compress should be renewed from day to day, and at every renewal be forced a little further up towards the root of the nail, and its thickness also increased by the addition of one or two duplicatures of the cloth. This treatment must be persevered in until the nail is grown out to its full length, when the cure will be complete, and may be relied on as permanent. [Having practiced upon this plan for nearly fifty years without a single failure, we have no hesitancy in making this announcement.]

When the treatment is first commenced, it may be well, and sometimes even necessary, to touch the fungous growth a few times with the nitrate of silver—more, however, to lessen its sensibility than to act as a caustic, which is rarely called for—the abnormal growth readily yielding to the pressure of the compress. The whole should be covered with a pledget of lint spread with simple cerate, and lightly bandaged. The patient will do well to keep the foot on a pillow in a chair, for a while at least. To prevent a relapse a shoe fully as wide as the foot should be worn. This alone, had it been resorted to at the beginning of the difficulty, would have effected a cure, provided the offending portion of the nail had been allowed to grow out and been kept duly elevated:—If, indeed, such a shoe had been always worn, the disease would have never occurred.* The superiority of this method over others arises from the certainty with which the cure is effected, from its permanency, and also the small amount of suffering to which it subjects the patient.

There is another form of diseased toe nail which is occasionally presented to the surgeon, in which its distal extremity becomes elevated to a position nearly perpendicular to the toe. This is owing to some fault at the root of the nail, and is, according to our observation, amenable to no remedy but amputation.

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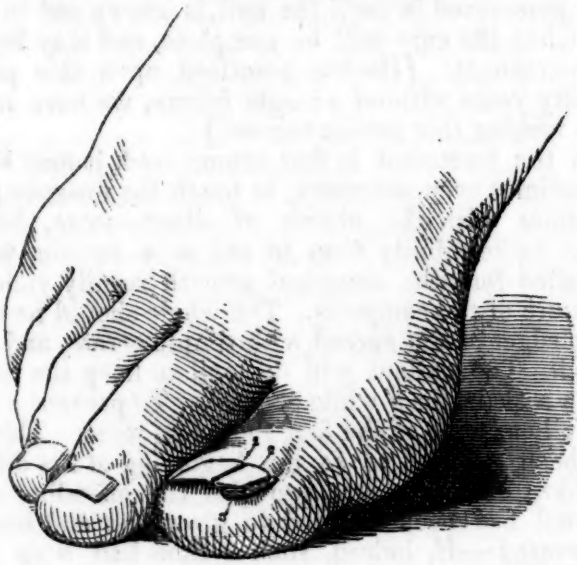
* In the construction of this article, little or nothing is gained by enlarging the upper-leather or cloth, as the case may be—it is widening the sole only which answers the purpose. This remedy, the wide-soled shoe, is equally as necessary and no less efficacious for the prevention and cure of corns as for the ailment under consideration. We have never seen a case of corns which resisted the broad-soled shoe more than five or six months, during which time the patient has been made comparatively comfortable. The cure may, however, be very much facilitated and expedited, as well as the suffering mitigated, by soaking and paring the corn once or twice a week.

The accompanying sketch (made by my friend, Dr. Vollum, of the U. S. A., when a pupil,) does not give a perfect delineation of the plan of treatment which has been recommended. It represents the treatment as having been commenced before the offending portion of the nail had fully grown out to the length enjoined in the text.



1. The groove. 2. The inverted portion of the nail. 3. The compress for elevating and keeping it up.

GREENE STREET, N. Y., June, 1856.

ART. II.—*Dissertation on the History and Nature of Membranous or True Croup.* By FREDERICK P. DREW, M.D. of Waterbury, Vt.

TRUE croup is an inflammation of the mucous membrane lining the larynx, or trachea, or both, accompanied by an effusion of liquor sanguinis in a condition to form false membrane, to a greater or less extent, on the affected surface. Some medical writers believe this to be a disease of late origin; yet, from the writings of Hippocrates, Aretius, and others, we have satisfactory evidence, that a disease having many of the characteristic symptoms of croup was known to the ancients. They probably, however, had no idea of the formation of a false membrane in this disease, for at this early period their knowledge of morbid anatomy was very limited.

It was not until the middle of the last century that croup was recognized and described as a distinct disease. Previous to this it was confounded with other diseases of the air passages. Martin Ghisi, an Italian physician, in the year 1749, seems to have been the first to give anything like a history of this disease. About the same time, Dr. Starr, of Great Britain, described this disease, and gave a drawing of a membrane that had been expectorated, and, from its shape, seemed to have lined the trachea and bronchia. Dr. Home, of Edinburgh, in 1767, gave a history of all that was then known of the disease, and gave to the disease the name of croup, which name it has retained down to the present time. Since that time, many of the most distinguished medical men of Europe and America have investigated this disease; but as yet we have no established views in respect to its essential nature; no uniform and well-settled treatment.

The term "croup" is of Scottish origin, and is said to be derived from "roup," a word used in some parts of Scotland for the sound made by a chicken with the pip. From the loose manner in which the term has been used, it has become very indefinite in its signification. Under the general name croup we now recognize several distinct varieties.

The following are some of the names by which this form of croup has been known. Cynanche Trachealis (Cullen); Laryngeo Tracheatis; Bronchemmitis (Good); Pseudo Membranous Laryngitis (Barthez); Pseudo Membranous Pharyngo Laryngitis (Guersent); Tracheitis Membranous Croup, True Croup. The term tracheitis is objectionable, as it is liable to give a false idea of the pathology of the disease. The inflammation does not necessarily extend into the trachea, in this disease; it may be confined entirely to the larynx, and, in such cases, it is not a tracheitis, but a laryngitis. The terms, Pseudo Membranous Laryngitis, or Membranous or True Croup, are the terms most often used, in contra-distinction to the other varieties of croup.

From the reports of mortality, croup seems to be a very frequent disease. There were, in the city of New York, during the year ending February 28, 1854, according to the City Inspector's report, six hundred and eighty deaths from this disease. During the five years from 1844 to 1848, inclusive, there were in the city of Philadelphia three thousand, three hundred and sixty-six deaths, under fifteen years of age, from diseases of the air passages. Of this number seven hundred and fifty-six were from croup; about one in five.

In these statistics are included the deaths from spasmodic as well as true croup; but, although the spasmodic form is seen vastly more frequently than the true, yet, as the former is seldom fatal, we may conclude that a greater portion of these deaths were caused by the form under consideration.

Symptoms.—This disease declares itself in a very insidious manner; coming on slowly and gradually, often at first having no marked symptoms calculated to attract attention. At first it is almost always catarrhal, and it will be impossible to distinguish between the ordinary catarrhal inflammation of this region, and that which precedes croup. The patient will be uneasy—fretful—will not sleep well—will have a slight cough—loss of appetite. But in the course of two or three days the symptoms peculiar to croup will begin to be developed. In a certain proportion of cases, the symptoms will be developed suddenly; the inflammation and exudation seeming to take place simultaneously. This sudden onset of the disease is of rare occurrence, and, probably, in many of these cases, the iniatory symptoms were present, but not noticed.

A change in the voice is one of the earliest symptoms observed in this disease, and as the disease advances, this change becomes more and more marked. At the onset of the disease, the voice may be husky and hoarse, as in a common cold. This early symptom should always be closely watched, as it has been observed, that hoarseness in a child is likely to be followed by one or the other form of this disease. As the effusion of liquor sanguinis increases on the vocal cords and ventricles of the larynx, the voice will become sharp and shrill. After a time it will be reduced to a whisper, above which it cannot be elevated by any effort of the patient, and it may become wholly suppressed.

At first there is nothing peculiar about the cough. As soon, however, as the disease becomes established, it will become ringing, of a brazen tone, accompanied by a stridulous respiration. In the latter period of the disease, it it becomes less loud, shorter, smothered, and finally extinct. At this period it often occurs in paroxysms so severe as to nearly exhaust the little strength remaining.

It is in the respiration that we have our special symptoms. At the commencement of the disease the respiration will not excite attention; it is comparatively quiet. The first symptoms observed, if the patient be closely watched, will be a slight dilatation of the alæ nasi, and a

wheezing noise produced by the passage of air through the rima glottis. As the larynx becomes more constricted by the effusion, the acts of inspiration and expiration become noisy, stridulous and labored, depending upon the amount of obstruction. In the latter period, it often becomes hurried, irregular, and excessively difficult. The patient becomes restless; is constantly changing its position to find some relief; head is thrown back, (for in this position the membrane is kept open, and the capacity of the trachea is increased,) and all the thoracic and abdominal muscles that can be brought to aid in inspiration and expiration are called into action.

The debility from suffocation setting in, the respiration becomes more labored, rapid, and irregular; the voice becomes stifled; countenance livid or pale; extremities cold; skin clammy, and coma or convulsions supervene, and the patient dies.

In most cases there is but little febrile movement at the onset of the disease. As the disease advances and becomes fully established, the pulse becomes full and frequent; the skin hot and dry. During the last period, as the powers of the system fail, the pulse becomes quite small and frequent, the skin cold and clammy. The tongue is more or less covered with a whitish or yellowish white fur, except about the edges, which are preternaturally red. The bowels are inclined to be constipated, but diarrhœa is sometimes present during the closing scenes of life.

Anatomical Lesions.—Before the false membrane appears, all the mucous membrane that can be brought into view, is more or less red and somewhat tumified. It presents a similar appearance to the mucous membrane seen in ordinary catarrh; but often, the redness is not as marked as in that affection.

In all cases of true croup, on post-mortem examination, there will be found upon the free surface of the mucous membrane lining the larynx and trachea, more or less of a false membrane, the extent and consistency varying according to the duration of the disease and the amount of effusion. This is *the* essential lesion of true croup. This membrane is usually of a whitish, or yellowish white color, varying in consistency, being sometimes thick and tough, and at other times, thin, soft, and delicate; depending on the time elapsed since the effusion of the coagulable lymph. It varies in thickness from half a line to two lines, being usually thicker

at the upper part where it is first formed, while at the lower part it often becomes so thin as scarcely to be seen by the naked eye. When viewed under the microscope, it is found to be made up of fibres, and large flattened cells in the midst of, and underneath, these fibres. It is a complete organization, as far as it goes, but stopping short of the formation of blood-vessels.

This membrane never becomes vascularized; and for this reason:—If the patient survives, after a time the inflammatory action will subside to a lower grade, and then there will be an infusion of muco-purulent matter upon the free surface of the mucous membrane, between it and the false membrane, crowding off the newly formed membrane, and this will occur before vascularization can take place.

There is a diversity of opinion as to the nature of this false membrane. It was the common opinion of the early writers on this disease that it was inspissated mucus; others have thought it to be an albuminous concretion. It is now, however, by most pathologists, considered to be formed from an effusion of coagulable lymph, similar to that poured out on serous surfaces. There is the same difference of opinion as to the source of this peculiar exudation. One class contends that it is effused from the diseased follicles of the tonsils, larynx, and trachea, where the disease is located; while it is the opinion of much the larger class, that this effusion is from the blood-vessels of the inflamed part.

This membrane, in a large proportion of cases, is first formed in the fauces on the tonsils and velum pendulum palati, and gradually extends downward, through the larynx and trachea. In these cases the false membrane can be seen by looking into the fauces. But there are cases occasionally met with where the exudation first takes place in the larynx or trachea, and may or may not appear on the tonsils. Of fifty-seven cases of true croup, in which the condition of the throat was recorded, reported by Drs. Sneider, Ware, and others, false membrane was observed on the tonsils in fifty-two cases; in five it was present in the trachea, but not on the tonsils. We must, therefore, conclude that the membrane is almost invariably first formed on the tonsils, and from this point extends downward.

This membrane is sometimes confined to the larynx or tonsils. In other cases it is so extensive as to completely line the fauces, larynx, trachea, bronchia, and extend even down into the minute ramifications of the bronchia; thus

forming a complete cast of these organs—a tube within a tube—more frequently, however, is it seen about the fauces and larynx in thin and delicate patches of variable size. When first formed it is closely adherent to the mucous membrane underneath, and when scraped off from the mucous membrane causes it to bleed. But as the disease advances, it is crowded off by a secretion of muco-purulent matter underneath. Of one hundred and forty-five cases reported by various authors, in which the extent of the false membrane was accurately noted at post-mortem examination, the membrane was found to be confined to the larynx and trachea in ninety-six cases, and extended into the bronchia in forty-nine. From these statistics we would expect to find the membrane extending into the bronchia in about one case in three. This is an important fact in relation to the performance of tracheotomy.

Nature of Croup.—The proximate cause of croup, since its description by Home, has been considered to be an inflammation of the mucous membrane lining the larynx and trachea: but the profession are by no means agreed as to the exact character of this inflammation. One class consider this to be a local disease, dependent upon the peculiar character of the inflammation. Another class consider this not to be dependent upon a special inflammation peculiar to this disease, but a higher grade of the same inflammation that usually occurs in this region. There is a third class that affirm that croup is not owing to any peculiar violence in the inflammatory action (for, say they, it is seen in feeble subjects where the local inflammation is very slight—of a sub-acute rather than an acute character), but that it is dependent upon an increased quantity of fibrine and albumen in the blood. "Since the experiments made by Jurine and others, at the concours of Napoleon, to produce artificial croup in animals, and they succeeding in producing a false membrane only in the air passages of young animals, many pathologists have adopted the opinion that the false membrane in croup is due to an excess of albumen in the blood of young children." Dr. Copeland, who is of this opinion, says "that he has uniformly observed the fact; that the quantity of fibrine and crassamentum in the blood taken from the patient; and of the albumen in the urine, have been great in proportion to the inflammatory type of the disease, and the disposition to form a false membrane." On the other hand, Williams, Ryland, and other writers on this disease, attribute

the formation of false membrane to the circumstance that the inflammation is deeper seated than in the ordinary inflammations of these parts, in children. This inflammation being now deeply seated, involves the subcutaneous areolar tissue which is abundant during youth, and the vessels pour out coagulable lymph which readily transudes through the thin mucous membrane of the child, and forms a false membrane.

It is, therefore, an unsettled question, why in croup we have an effusion of liquor sanguinis in a condition to form false membrane in the place of pus, the usual product of the inflammation of mucous membranes.

Predisposing Causes.—This is a disease of early life. It is between the ages of two and six or eight years, that this disease is most rife. It is seldom met with previous to the period of weaning; although it has been seen in children at the breast as early as the third and fourth month. It is said, most often at this early age in those who were being brought up by hand. In the tables given by Ryland, embracing the experience of some fourteen writers, it had been observed only once at the age of seven months, and never at an antecedent period. Duges mentions a case of true croup in a child only a few days old. Of eighty-six cases, collected from various authors, three were under one year of age; three, from one to two years; from two to three years, fifteen; from three to four years, sixteen; from five to six years, thirteen; from six to seven years, six; from seven to eight years, four; from eight to nine years, three; during the twelfth year, two; during fifteenth year, one; during seventeenth year, one; during nineteenth year, one; and one at the forty-third year of age.

From these statistics it would appear that croup rarely attacks children under two years of age, and that it is most frequent between the ages of two and seven years.

Croup is said to occur oftener in boys than in girls, and statistics show this to be the fact; why there is this difference I am unable to say, unless it be the greater exposure of the former to the exciting causes. Of sixteen hundred and ten perfect cases of croup reported, in which the sex was mentioned, nine hundred and sixty-four were boys; six hundred and forty-six were girls.

This disease is seen both in the healthy and strong, and in the sickly and delicate. Cheyne thinks that it is seen most commonly in children of very robust constitutions. Others believe it to be more peculiar to those of a scrofulous disposition.

True croup is seen most frequently in the cold and variable weather of spring and autumn, and is said to be most frequently met with near the sea, in low, damp, and moist situations.

Of sixty-eight cases of true croup, there occurred in January, thirteen; in February, nine; in March, six; in April, two; in May, four; in June, six; in July, two; in August, two; in September, three; in October, seven; in November, eight; in December, six.

There is no ground for supposing that this form of croup is propagated by contagion. Two children in the same family are occasionally attacked with croup at the same time, both having been exposed to the same exciting causes, and there being a predisposition in the family to croup, as is the case in certain families.

This disease, in some instances, appears to follow as a consequence of certain other diseases: as measles and scarlet fever. When this is the case it is usually very rapid in its course, and very fatal in its termination.

The duration of croup varies considerably in different cases. A small proportion of deaths occur within twenty-four to forty-eight hours after there is reason to believe that the membrane has begun to be formed. But in much the larger proportion of cases the fatal termination has been prolonged to five or six days.

Of twenty-three cases reported by Dr. Ware, the average duration of the disease, after the characteristic symptoms were developed, was about six days.

Prognosis and Mortality.—The prognosis in croup is always unfavorable. It is a most dangerous disease, under the most favorable circumstances; it being one of the most fatal diseases to which childhood is liable. Of one hundred and forty-one cases of true croup, reported by various writers, one hundred and twenty-three were fatal, and eighteen only recovered; only about one in eight recovering.

The prognosis will be modified by a variety of circumstances; *First*, by the stage of the disease at which you see the patient. True croup is seldom treated with success, unless subdued in its very onset; and many cases are met with which, in spite of all remedies, and that too when they were administered from the very first moments of the disease, go on to a fatal termination with a steady and undeviating step.

Second. The prognosis will be modified by the age and constitution of the patient. The older the child attacked, and

the stronger the constitution, the more favorable, as a general rule, will be the prognosis.

Third. The prognosis will be *very much* modified by the condition of the fauces and larynx. If false membrane has already formed in the fauces and larynx, when you see the patient, as a general rule the patient will die. This false membrane must be expectorated before the patient can recover; and when expectorated there is a great liability to its return again. There is a case reported where three distinct tubes of false membrane were thrown from the larynx of the same child at intervals of two days each. The first came from the whole length of the larynx and trachea: the second was about half the length of the first; the third nearly as long as the second. This membrane, when thrown off, is most often expectorated in small shreds, mixed with sputa. This expectoration of the membrane is usually attended with great relief to the patient, but it is too often only temporary. Only about one in three recover after this has taken place. The membrane is again formed, or the nervous system is so exhausted that the patient dies. In forming the prognosis, the state of the pulse, respiration, voice, and the general powers of the patient, should also be taken into consideration.

Death may in this disease be induced in various ways. It may occur from obstruction of the larynx, from the deposit of the false membrane, and the swelling of the mucous membrane, so completely closing up the air passages that no air can pass into the lungs, and the patient dies from suffocation. It may also occur from the extension of the inflammation into the substance of the lung, giving rise to bronchitis or pneumonia, and the child dying from one of these. The membrane having been expectorated, the child may die from exhaustion in consequence of the but partial æration of the blood, and the great depression of the powers of life. The child may have expectorated a portion of false membrane, and all the symptoms mitigate, and hopes are entertained that it will recover; but all at once it has a violent paroxysm and dies. Death may have been produced from two causes. A portion of false membrane having become detached at one extremity, during expiration or inspiration, becomes doubled upon itself in such a way as to completely plug up the larynx or trachea, and consequently no air can pass to the lungs, and the child dies. Death may have been the result of the narrowing of the larynx from the spasmodic contraction of the muscles of the larynx.

Diagnosis.—The diseases with which true croup is most liable to be confounded in its early stage is, first, *ordinary catarrh;* second, *laryngismus stridulous*, or spurius croup.

True croup almost never begins out of perfect health. It is preceded for hours, and sometimes for days, by catarrhal symptoms, called by the mother cold. Hoarseness in a child should be closely watched, for it is likely to be followed by one of the other forms of croup. It is impossible to distinguish between the catarrh that precedes croup and that which does not terminate in it.

Laryngismus stridulous is the result of a perverted reflex action, causing spasms of the muscles of the larynx. It is a disease without organic lesion, and is seldom fatal. True and false croup, therefore, are distinct diseases, differing materially in their characters, and markedly so in their results.

In the early stages of these two diseases, they so closely resemble each other in their symptoms that it will be impossible to determine which form the disease is about to assume. It is only as the disease advances and the symptoms become more fully developed that a positive diagnosis can be made.

COMPARATIVE DIAGNOSTIC PECULIARITIES OF TRUE AND FALSE CROUP.

True Croup	False Croup
Comes on slowly and insidiously, the paroxysms occurring during the day or night.	Comes on suddenly, and almost always after the subject has been for some time asleep.
Voice, hoarse, soon becoming weak and reduced to a whisper.	*Voice*, hoarse, but does not become whispering.
Cough, hoarse and frequent in the beginning, but becomes short and smothered.	*Cough*, boisterous and hoarse.
The *symptoms* do not remit, but gradually grow worse and worse.	Occurs in paroxysms. After the paroxysms are over the child feels well.
Can, in a majority of cases, see false membrane on tonsils.	Fauces slightly red—no false membrane.
Duration, from four to eight days.	*Duration* seldom more than two days.
Fatal in a majority of cases.	Seldom fatal.

The leading and only diagnostic fact of any value in distinguishing these diseases from one another, is the appearance of false membrane on the tonsils. We have already shown that in three cases out of four of true croup that the false membrane is first formed in the fauces, and from thence extends downward. Now, by depressing the tongue, and looking into the fauces, this membrane, if present, can be seen in small patches, or dots, on the tonsils, or thereabout. This examination should never be omitted when called to a case of croup. This membrane can be seen nearly always before the disease has advanced so far as to obstruct the respiration.

There is sometimes accumulated about the tonsils and fauces a kind of mucus that similates false membrane somewhat, and may be mistaken for it. There is this difference between the two: the mucus is of lighter color than the false membrane, and can be easily scraped off, while the false membrane will be found to be closely adherent to the mucus membrane, and if torn off will cause the membrane to bleed. The microscope will also aid in distinguishing between the two. In the mucus will be seen cysts like pus globules, and some appearance of structure; while in false membrane will be seen distinct formative cells and fibres, with a moderate degree of organization.

In those exceptional cases where the membrane is first formed in the trachea, and does not reach the fauces, the diagnosis may perhaps be made out at a later period of the disease, by the expectoration of a portion of the false membrane. The presence then of false membrane on the fauces may be considered evidence of true croup; but the absence of this membrane from the fauces is not positive evidence that it is not true croup.

Treatment.—Practical writers differ widely in their opinions with regard to the mode of treatment to be pursued in this disease. The fact that there is no well-established treatment is an evidence that the disease is not well understood; and the great discrepancy in the curative means used is also an evidence of the fatality of the disease. As the disease is seated in organs in the highest degree essential to life, and runs its course with great rapidity, the utmost vigilance is requisite on the part of the practitioner, both to detect and treat the disease in its earliest stage. It is only by efficient remedies, early applied, that we can expect to save the patient.

As it regards the indications of treatment, they are three: *First.*—To prevent the formation, if possible, of a false membrane. *Second.*—If the membrane is already formed to effect its separation. *Third.*—To aid in its expulsion.

The old writers considered blood-letting an indispensable agent in the treatment of croup. It was on this that they placed their principal reliance; without it they thought no cure could be effected. Hippocrates and Galen recommended its employment. Aretius advises that blood be taken from a large opening until fainting be produced, and if threatning symptoms again return, to repeat the operation. Boerhaave, a professor of theory and practice in the University of

Leyden, in the year 1668, speaking of this kind of "quinsy" says:—"In the first, a speedy, large, and repeated blood-letting, must be put in practice, until the weakness, paleness, coldness, and collapsion of the vessels, denote that the remaining strength is not able to increase the tumor or rigidity of the vessels." Among the medical writers on this disease, nearer our time, who insist on this heroic treatment, are the names of Home and Cullen. They advocated blood-letting, carried to fainting in the first and second stages of the disease. It is now well questioned whether this heroic mode of practice was attended by any benefit to the patient, and whether, on the other hand, it was not often the cause of death by reducing the vital powers of the patient. We now know that children do not bear depleting well, and that to depleting to syncope is always attended with hazard. The child, if it does recover, does so slowly, and every now and then they sink under its influence.

The inflammation in this disease does not seem to be diminished by bleeding. If this exudation is not dependent upon the violence of the inflammation, but upon a peculiarity in the blood, this peculiarity cannot be got rid of by bleeding.

Blood-letting if employed in the treatment of this disease, should only be used in the first stage before the false membrane is formed; if used after this, it will only weaken the patient and retard the muco-purulent secretion. This agent has been thoroughly tried in the treatment of this disease and the result is, that it has been almost entirely abandoned.

Local blood-letting is sometimes used, but this is not the common practice.

Dr. Douglas, of Boston, in the year 1736, was the first to recommend the use of mercurials in this disease, and, for a long time after, they were considered to be almost a specific in the tratment of true croup. Dr. Rush says of their use in croup,—"Our principal dependence must be placed on calomel; the bark is scarcely a more certain remedy for intermittents, than calomel in the humid cynanche trachealis." Many physicians at the present time believe the use of mercurials carried nearly to salivation, to be the most effectual means of meeting the first indication of treatment, and the first and second, if the membrane is already formed. These, they say, produce a change in the blood, so modifying the inflammatory process; that instead, of having an effusion of liquor sanguinis, an exudation of muco-purulent matter takes

place. For the purpose of bringing the system under this mercurial influence, calomel is usually given in combination with some preparation of opium to prevent its acting on the bowels, in doses of two or three grains, repeated every two or three hours, until the constitution is affected.

If it is true that mercurials have an influence on the plasticity of the blood, now, is certainly the time to use them: But as yet we have no evidence that those treated with mercurials to the point of touching the gums, recover any oftener than those that do not take them.

There is no class of remedies concerning which writers are so well agreed, as in the use of emetics in the treatment of croup; very many consider them to be the most efficient of all the means employed in preventing the formation of the false membrane, and in throwing it off after it is formed. They are of benefit in various ways. They act as a sedative, reducing the force and frequency of the heart's action, and thus aid in the restoration of the natural secretions of the part; they promote perspiration and expectoration. There are a great variety of substances used for the purpose of producing emesis. Among those in most common use are *tartarized antimony*, *ipecacuana*, and *lobelia*, given either alone or in combination with each other. These are generally given as soon as the disease declares itself, in small doses and at short intervals, until free emesis is produced; they are then continued only in sufficient quantity to keep up constant nausea, and to produce occasional vomiting.

Sulph. copper is recommended by some writers as possessing a specific influence on this disease in addition to its emetic effects. Alum is highly recommended by Dr. Meigs. The advantages to be derived from the use of this substance as an emetic, over most others, are that its emetic effects may be obtained several times a day, without producing much prostration, it being milder than most emetics in its operations. He thinks that it is also more certain in its action than antimony or ipecacuana.

The kind of emetic to be used and the frequency of its administration, must depend upon the urgency of the symptoms and the strength of the patient.

In relation to the general results of the emetic treatment in membranous croup, Mr. Vallex makes the following statement:—Of fifty-three cases of membranous croup, tartar-emetic and ipecacuana were chiefly relied on in thirty-one, of which number fifteen recovered; whilst of the thirty-two

others in which they were parsimoniously given, not one recovered. Of the thirty-one cases treated with emetics in full doses, membrane was rejected during the efforts of vomiting in twenty-six, and of these fifteen recovered.

Sulphate of Potash had for a time in France almost the reputation of a specific. It was thought to dispose like mercury to mucous, rather than fibrinous secretion, and to dissolve the secreted membrane. This, like most specifics, soon fell into disrepute.

As meeting the second indication of treatment, *polygala seneka*, *digitalis*, *cicuta*, and many other remedies, for a time sustained a high reputation, but have now passed out of use in the treatment of this disease.

There is reason to believe that an application of a strong solution of the nitrate of silver to the tonsils, fauces, and larynx, by means of a probang, will, in many cases, arrest the inflammation and prevent the formation of a false membrane; or, if it is already formed, will promote its separation and expulsion.

The inhalation of air loaded with watery vapor often aids in the bringing about a favorable result. The vapor should be conducted by a tube from a vessel of boiling water, to within a short distance of the child's mouth, and the child should be made to inhale this warm vapor for hours. The membrane is sometimes thrown off apparently from the use of this remedy alone.

The inhalation of the fumes of *cinnabar* are thought by some to be of advantage; also, the inhalation of the vapor of *iodine*.

As auxilliary to other means, are used, the *warm bath*, *sinapisms* to the feet, stimulating fomentations to the throat, etc.

Cathartics are required when constipation is present, and when there is much febrile movement. *Calomel* is as good as any.

Tracheotomy is one of the means of relief resorted to after all others have failed, and, in a great majority of cases, this also will fail to relieve the little sufferer.

In those cases where the false membrane has extended only a short distance below the larynx, and where the system has not become prostrated to any great extent, there is reason to hope that the performance of tracheotomy will afford relief. But, where the membrane extends down into the bronchial tubes and the whole nervous system has become

exhausted through the imperfect æration of the blood, the chance of benefit from the operation is much diminished. The operation must necessarily be always a very uncertain one, owing to our ignorance of the precise seat and extent of the false membrane during life.

Of three hundred and sixty cases of croup, in which tracheotomy was resorted to, reported by different writers, fifty-four recovered, and three hundred and six died. About one in six recovered.

ART. III.—*On a New Method of Inducing Premature Labor.* By E. NOEGGERATH, M.D., of New York.

IN the following communication, I desire to give an account of a new method of inducing premature labor, which was practiced, for the first time, as far as I know, in New York, on Monday, 2nd June, 1856. I wish to draw the particular attention of my professional colleagues to this method, because I am thoroughly convinced that it is superior to other methods, and will hereafter surpass all the different modes resorted to up to the present time.

The question of the induction of premature labor has not been discussed to the same extent in this country as on the European continent. This is readily explained by the fact, that deformities of the pelvis are much more rarely met with in this part of the globe. But the time will come, and is rapidly drawing near, in this country, that the average number of labors ending naturally, without operative assistance, will lessen in a remarkable degree. The immense immigration of a far from wealthy and well-shaped people on the one hand, and the strong tendency to high city life on the other, must show their influence upon the coming generations. How different is the experience of the practitioner of to-day from that of the late Dr. Dewees, of Philadelphia, who enjoyed so large an obstetrical practice! In his "*System of Midwifery*" he states, that he observed only three cases of deformed pelvis during his professional career, while during eight weeks' residence in this city, I have met with the same number of contracted pelves. These three occurred in ten obstetrical cases, which I had partly under my own care, during the absence of Dr. G. C. E. Weber, partly in consultation with him. In one of them a difficult forceps operation was required; the second one was terminated by application of the craniotomy forceps; the third one gave origin to the present report.

While in this country but two ways of inducing premature labor are generally followed—viz.: tapping of the fœtal membranes and the exhibition of ergot—in Germany, France, and England, there are no less than nine methods for accomplishing the same purpose.

They are as follows:—

1. The opening of the membranes.* Macaulay, Kelly, Sched.

2. Dilatation of the os uteri, by the application of compressed sponge. Brünninghausen, Kluge, Simpson.

3. Partial separation of the chorion from the internal wall of the womb by fingers or instruments introduced into the orifice. Hamilton.

4. Administration of internal remedies, such as secale cornutum, etc. Ramsbotham, Bongiovanni.

5. Plugging of the vagina with lint or an india-rubber bag filled with water. Schaeller, Hüter, Braun (Colpeurynter).

6. Injections of warm water into the vagina by the ascendant douche or the irrigator. Kiwisch von Rotterau.

7. Injections of warm water into the cavity of the uterus. Schweighäuser, Cohen.

8. Application of electro-galvanism to the uterus. Schreiber, Mikschik, Dorrington, Simpson.

9. Application of sucking-glasses to the breasts.

The great number of methods for inducing premature labor, show that the older ones had to be ameliorated a great deal as well in regard to promptness as to the safety of the mother and the child. But it would exceed my proposed limits should I endeavor to discuss the value of the different methods. I will confine myself to the report of the case, and some remarks necessary to present our proceeding in its true light.

Case.—Mrs. G. M., born in Germany, living now in New York, presents, in her external appearance, the form of a healthy, well-shaped female, though she is of a rather short stature, and exhibits, on a closer examination, the well-known form of knock-kneed rachitic lower extremities.

In her first confinement, which took place about fourteen months ago, she was attended by Dr. G. C. E. Weber. This eminent practitioner was compelled, in this labor, to perform the operation of craniotomy, in consequence of the malformation of the pelvis. He advised her then to be delivered

* We give a chronological succession of the methods; the names adjoined belong partially to the inventors, partially to the chief advocates of the single operations.

artificially, before the full term, in case of a second pregnancy, not only for her own safety, but because it would afford a chance of her having a living child. The latter circumstance being of considerable importance, induced the lady to follow the advice of her physician. Conception again took place at the end of October, or the beginning of November, 1855, for at that period, her courses, always regular, ceased. She expected, therefore, to be confined during the first week of August, 1856, with which statement we could thoroughly agree upon a first examination made towards the end of May. The superior margin of the fundus uteri was then found between the umbilicus and the processus xiphoides, the womb being equally developed on both sides. The fœtal pulsations we could easily observe on the right side, at a level with the umbilicus, while the feet were distinctly felt near the left upper portion of the uterus. Corresponding results were obtained by a vaginal exploration. The pregnancy was decided to have advanced to the end of the eighth lunar month, with a large-sized living child, having a cranial presentation.

The pelvis was a model of rachitic deformity. The promontory of the sacrum protruding forward and towards the left side of the pelvic cavity, diminished the antero-posterior diameter to $2\frac{1}{2}$—$2\frac{3}{4}$ inches, while the lateral diameter remained unchanged in extent; the outlet of the small pelvis was rather enlarged in consequence of the widely open pubic arch and the flattening of the sacral curvature. The whole basin presented but a very small degree of inclination. The general state of health of the patient was satisfactory. On Monday, 2nd June, about 11 o'clock in the morning, Dr. G. C. E. Weber and myself proceeded to perform the operation of inducing labor after the method of Schweighäuser, Cohen. The woman was placed upon her back with the nates projecting somewhat over the edge of the bed, and the feet supported by two chairs; an elastic catheter, of the ordinary size, was introduced into the mouth of the uterus and pushed upwards, with the intention of bringing the instrument between the anterior wall of the uterus, and the fœtal membranes;—the point of it entered the womb to the extent of about four inches,—then, with a syringe adjusted to it, we injected about 7 ounces of water, heated to 90° or 100° Fahrenheit. As soon as the fluid touched the internal surface of the uterus, the woman complained of uneasy feeling in the abdomen, and we distinctly felt the uterus in a state of rigidity, which lasted for

several minutes. After a time, the finger was removed from the external opening of the catheter, when a portion of the water was rejected through the instrument with considerable force. The withdrawal of the tube was followed by another escape of some water. During the following thirty minutes the uterus was in an almost continual state of contraction with but very few and short intermissions of flaccidity. Besides a slight degree of excitement and little headache, the woman's state of health, as well as her pulse, proved to be unchanged. Towards noon the pains grew stronger, but less in frequency, with longer intervals.

At about seven o'clock in the night, the pain lessened in a degree that we thought it proper to make another injection. This was applied in the same way with the exception that we did not change the ordinary position of the patient in her bed, because the lips of the os uteri were already so much retracted by the previous pains, that the introduction of the catheter would meet with no difficulty at all. Whether the water was injected with a somewhat greater force than at the first time we cannot decide, but it all remained in the uterus, and the operation was followed by a sudden enlargement of the womb. Mrs. M. experienced a very distressing pain in her abdomen; much more so than she did at the former injections. It made such an impression upon her system, that she fell into an almost unconscious state; the pulse sunk suddenly, so as to be scarcely perceptible; her face instantly became purple, and her breathing very much embarrassed. Half an hour later, when she recovered from these symptoms, she was seized with a violent chill, which lasted for nearly two hours. This was followed by a feverish condition, general heat, and a pulse of 130 in a minute. This alarming state gradually subsided, and a renewed succession of strong uterine contractions commenced. At seven o'clock, A.M., of the following day, we were told that she endured almost incessant and very severe labor pains during the last night. At this time we found that the vaginal cervix had disappeared completely, the os uteri was opened to the size of a silver dollar, the well-filled bag protruded into the vagina with every recurring pain. Now we could ascertain, beyond question, a vertex presentation. At nine o'clock, A.M., the os uteri dilated to its full extent, and the membranous cyst broke, while it was protruded almost to the external orifice. At that time, the vertex was just engaged in the entrance of the pelvis. Passing over the very interesting peculiarities of this cranial parturition, it will be sufficient to say, that it

required a full hour of time to bring the head down through the brim of the small pelvis, notwithstanding those tremendous pains, which are only witnessed with rachitic females. But when the greatest circumference of the cranium had passed the upper part of the pelvis, then, one of these violent pains was sufficient to drive the head through the whole cavity, and at once out of the labia externa up to the shoulders. The entire parturition, from the time of the first injection, was achieved in less than twenty-four hours.

The child, though born in a weak condition, was soon brought to the most satisfactory state of breathing and crying. After the placenta was removed by the ordinary manipulations, the uterus proved to be well contracted. The mother's condition was satisfactory, and has continued favorable.

The first man who conceived the idea of inducing premature labor by injection of water into the uterus was Dr. Tac. Fried. Schweighäuser, of Strassburg. In his excellent work "*Das Gebären nach der beobachteten Natur*," etc., Strassburg and Leipzig, 1825; he recommends to throw a quantity of warm water into the womb for that purpose. But, as he never seems to have practiced it, we must attribute the whole merit to Dr. H. M. Cohen, of Hamburg, who first of all introduced this proceeding into practice. He called the attention of the profession to this method in a thesis, written in the year 1846. After this we received by the way of different medical journals, accounts of upwards of 30 cases in which Dr. Cohen's directions were imitated, all of which speak in the highest terms in its favor. The operations did not fail, in one instance, to have the expected result. The expulsion of the child followed from the time of the first injection of water, to an average, in three days, the shortest instance being six hours, the longest six days; the number of injections required was from 2 to 13. Not one case is reported where there were any bad consequences to the mother, while the life of the child proved to be less threatened by this proceeding, than by any of the others. The symptoms of general nervous excitement, witnessed in our case immediately following the injection, have been mentioned by all the different authors, though in a less conspicuous degree. All agree as to their subsiding without any further injury to the patients. The quantity of water to be injected at once was, in almost all the cases, no more than two ounces; the quantity recommended by Dr. Cohen. He also prescribed the use of tar-water, as being somewhat irritating, and, therefore, more

prompt in its effect; but afterwards only common water was used, and if heated from 90° to 100° Fahrenheit it will answer all purposes. Instead of the two ounces we took 7 or 8 ounces, in order to have a more decided effect, and we introduced the instrument as far as 4 inches into the uterus. The principal requisite for obtaining complete success is, to push forward the tube behind the *internal* orifice of the uterus, so that the point of the instrument, being in the womb, enters a distance of at least 2 inches from the edge of the os, in order to bring the fluid in contact with the internal wall of the body of the uterus itself. The instrument to be used may be any tube that is at hand; an elastic or a metallic, male or female, catheter will answer the purpose. Experience has proved, that the operation worked much slower, or even not at all, when the full quantity of the water is poured out again. Therefore, it is advisable to keep the cylinder closed at its lower end for some time until the contraction of the uterus, which immediately follows the injection is subdued. If, after withdrawing the instrument, water begins to be discharged in considerable quantity, it will be necessary to plug the vagina.

The interpretation of the fact, that premature labor can be induced in this way, is not very difficult. By the contact of the internal surface of the womb with a heterogeneous body (water), the organ must be excited from its previous inactivity, and, therefore, we see that the injection is immediately followed by a state of uterine rigor; this soon gives way, and genuine contractions set in, in order to remove the fluid. If this is really accomplished in a short time, we see that the pains die away again; but if the water has been injected high enough, and is retained, the contraction will continue. Still, it cannot be doubted that, after a while, the liquid is absorbed, and uterine action would perhaps subside once more, were it not that the separation of the fœtal membranes from the uterus,—induced already by the act of injection itself, and advanced by the previous contractions—stimulated the uterus to activity.

A case like this is sufficiently intelligible of itself, and the details of this method are so obvious, that a further exposition of them would be unnecessary. It did not in a single instance fail of immediate success, neither injuring the mother nor jeopardizing the life of the child, it presents all the advantages connected with a labor where the membranes remained entire.

ART. IV.—*Case of Induration and Granular Ulceration of Cervix Uteri, illustrating the benefit of the Speculum, and of local applications.*—By FREDERIC D. LENTE, M.D.

MRS. D. aged 35, married, applied to me in June, 1855, with the above difficulty, of the symptoms of which she gives the following account:—Since the birth-day of her last child, six years ago, has been troubled with a more or less profuse vaginal discharge of a mucous and muco-purulent character, and with pains in the lumbar and lower abdominal regions. For some months past, the latter have become much more severe, being somewhat intermittent, and of a lancinating character, at times shooting down the thighs. Her general health has also gradually given way, and she is now capable of very little exertion. For some years her menstrual discharge has appeared every three weeks, and generally continues seven or eight days, so that she is never more than two weeks free from it. She complains of great lassitude and want of appetite. Has had no well-regulated or continued medical treatment.

Upon digital examination *per vaginam*, the cervix is found to be enlarged, rather hard, and somewhat nodulated. Pressure on the os and sides of the neck gives but little uneasiness. With the *speculum*, the cervix is seen to be red, swollen, with granular, velvety ulceration extending from within the neck externally to some distance over both lips.

June 10. Commenced treatment by leeching the cervix. But little blood was, however, obtained in this way. Ordered an anodyne plaster to the sacrum, and applied the tinct. iodine to the os uteri, with a camel's hair brush, introducing it as far as practicable within the neck, having previously cleaned away the thick, glairy mucus which covered the part.

October 18. The above application has been continued regularly every six or seven days, except when the time for the operation happened to coincide with a menstrual period, and then it was repeated as soon as the period was over. For the last six or seven weeks patient has also been taking a pill, composed as follows—hydr. proto. iodid., gr. $\frac{1}{3}$; extr. conii. mac. gr. ij.—three times a day, with a view to reduce the swollen and indurated condition of the cervix. The gums are now slightly touched, and she is directed to discontinue them. After five or six applications of the iodine, she experienced some relief from the pains, and the discharge became sensibly diminished. Her last two menstrual periods

have also been four weeks apart instead of three, and the discharge has continued for only five or six days. On one occasion the application of the solid nitrate of silver was substituted for the iodine, but the uneasiness was aggravated, and the appearance of the part, at the subsequent examination was not so favorable. ℞. Syrup. ferri. iodid, ♏. L. ter die. As the improvement in the local disease has not been so manifest for the past month, as heretofore, I have substituted to day Churchill's Caustic Solution of Iodine.*

January 21, 1855. The applications have been regularly continued since last date every five or six days, with occasional interruptions of a few days on account of the catamenial discharge, which continues to recur regularly at intervals of four weeks. The appearance of the part has improved since the application was changed; the discharge is now very slight and has ceased to be purulent; has no pain in the back, and no darting pains in the thighs, and can take more exercise than she has been capable of for two years; the external ulceration has almost entirely disappeared. Patient has never, at any time, even temporarily, felt any pain or uneasiness from the applications, although they necessarily involved the vagina to some extent.

Feb. 15. Since last date, although the treatment has been continued as usual, the ulceration remains apparently in about the same condition, though the induration and nodules have almost entirely disappeared. Applied the solution, to day, *within the neck*, by means of cylindrical sponge secured to the end of a staff. Found considerable resistance opposed to the entrance of the sponge. No pain complained of. General health continues to improve. Says she feels like a different person from what she did before the applications were commenced.

March 1. Improving; patient says the last application caused some smarting, which, however, subsided entirely in a few minutes. This is the first complaint of any kind of uneasiness from the treatment. The sponge now enters completely within the neck without much resistance.

17. Patient has complained of more pain and uneasiness for some days; the discharge has also increased somewhat, and has again assumed a purulent character. Upon examin-

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* ℞ Iodine 3 ×
Potass Iodid
Spts. Vini. Rect. } aa 3 ×
Aqua Distil. ♏

ation, the inflammation has again extended from the interior of the neck to some distance over the anterior lip. Continue application as before.

23. The parts look less inflamed to-day, and the discharge is less purulent. Patient states that for about twelve hours after each application within the os, she has a metallic taste, and a desire to expectorate constantly. Complains lately of considerable pain in the lumbar regions. Syrup ferri. iodid. has been discontinued for two weeks. ℞ pil. qiuininæ sulph. gr. j, three times a day. Since March 1st, have made the application about once in three days. The ulceration is confined to the interior of the os uteri.

May 1. About two days ago, the ulceration had again extended over the anterior lip, and some of the granulations became quite prominent. Discontinued the application of the iodine, and applied in its stead, a solution of nitrate of silver ʒj a ℥j, with a brush to the neck, without attempting to push the brush within. Made a second application to-day; general condition about the same.

4. Made a third application—the part looks much improved; the discharge is much diminished, and patient feels decidedly better.

23. Have made three applications since last date; at the last examination, no ulceration could be perceived, and the cervix looks perfectly healthy. There has likewise been little or no discharge, and no unpleasant sensations for a week past. The treatment is therefore discontinued.

July 11. Patient has had no relapse thus far, and the case may be considered cured.

Remarks.—It has now been nearly a year since the subject of the above case passed out of my hands, and she has enjoyed uninterrupted health. The case has been communicated not because it is rare—unfortunately it is too common—not as embracing anything new in the way of management, but as a contribution to an assemblage of facts which are every day accumulating, and which, we hope, may one day terminate the controversy which the subject has long ago aroused, and which is still kept up, in Great Britain especially, in all its vigor. When we find such men as Dr. Bennet, Physician Accoucheur to the Royal Free Hospital, Dr. West, Physician Accoucheur to St. Bartholomew's, Dr. Robert Lee, Dr. Tyler Smith, Physician Accoucheur to St. Mary's, and many others, scarcely less distinguished, arrayed on opposite sides on so important a question; one, Dr. Lee,

denying the very existence of the disease; another, Dr. West, admitting its existence to a great extent, but almost absolutely denying its pathological importance; while a third and a fourth, differing somewhat only in the name of the affection, ascribe to it the first importance in a pathological view, it is obviously proper for every practitioner to offer his individual experience, however small it may be, and we therefore feel that no apology is due for the above case, which is necessarily somewhat lengthy, but which presents some features of peculiar interest, as touching the merits of the controversy above alluded to. First, the length of time during which the local treatment was persevered in, and its ultimate success. It is seldom that we can persuade patients, in private practice, to persevere so long in a course of treatment which includes so disagreeable an item as the weekly or semi-weekly introduction of the speculum, and the application of caustic substances into the *os uteri*, even if our own patience and confidence be not shaken. The cases which we have previously had under treatment, were not of so long standing, or they have been unwilling to endure to the end, they were consequently discharged, only relieved, probably to relapse into as bad a state as ever. Secondly, the case, as far as one case can do so, triumphantly upholds Dr. Bennet's views which he has so long and so ably sustained against the attacks of his distinguished opponents; for that the success of the treatment was, in the present case, mainly due to the local applications, can hardly be questioned. Dr. Bennet is himself too enlightened a physician to advise local means exclusively, and to ignore constitutional complications, which he has been indirectly accused of doing. That the speculum has been much abused, and that ignorant and prejudiced, or immoral, practitioners—empirics, we should perhaps say,—have brought it into partial discredit no one can deny; but this is what might have been predicted, and should only render the honest and discriminating physician more cautious in its application, but should certainly not induce him, altogether, to forego its invaluable aid in the treatment or diagnosis of uterine maladies. Thirdly, the absolute freedom from pain during the application, or any temporary subsequent inconvenience of any kind, is a fact worthy of note; also, the advantage of varying the application, as one ceases to continue serviceable, or becomes too irritating, instead of discontinuing the applications altogether; also the fact of the patient's ceasing to become preg-

nant during the continuance of the disease; it remains to be seen whether the converse will be established; but Dr. Bennet's experience has already established the general fact that these affections do entail sterility, and that their cure by local means restores the conceptive power. Finally, another point of some interest was the absorption of the small quantity of iodine introduced into the cavity of the cervix, so as to produce a decidedly characteristic taste, and slight symptoms of ptyalism, while no such effects were observed when the application was made externally to the neck and vagina, however freely. In a case of ovarian dropsy, where the sac was injected with tincture of iodine by Mr. I. B. Brown, of St. Mary's Hospital, London, a year ago, the odor of iodine was strong in the patient's mouth a few hours after, and the taste very unpleasant; the succeeding day, the urine "gave unmistakeable evidence of the presence of iodine" by chemical tests. This fact (the absorption of iodine) was alluded to by Mr. Brown before the "Medical Soc. of London" as one of great importance.

The patient, during the whole course of the treatment was scarcely restricted in any way as to diet, exercise, labor, etc.; nor was the necessity of abstaining from sexual intercourse insisted on, as should no doubt be done in such cases.

ART. V.—*Case of Induration of Mesenteric Glands successfully treated.* By NELSON NIVISON, M.D., Tompkins Co. N. Y.

FEBRUARY, 16, 1856.—I was requested to visit Mrs. W., by her husband who informed me at the time, that she was in rapidly declining health; he thought she could live but a short time; said she could not take medicine, food, or drink. He had no expectation that I could benefit her, she had tried various means, but the only effect was to aggravate the symptoms. The object of my visit was stated to be to get an opinion of the case for the satisfaction of the patient and her friends. She had long since abandoned the idea of relief, believing herself beyond the reach of medical resources.

On visiting her, I thought the appearance of the case fully justified the account given by her husband. It required but a glance to recognize the *strumous diathesis*, which now seemed to be in a stage of active development, she was pale, and greatly emaciated, the eye exhibited the characteristic brightness, and the symptoms of hectic were unmistakable. My

inquiries elicited the following history:—She was 42 years of age; the mother of one child; menses ceased two and a half years ago; her mother, sister, and brother have died of consumption. The first manifestations of ill health with the patient was about six years ago, in the form of troublesome dyspeptic symptoms; these continued a few months, and gave way to a course of typhoid fever, after which the health was good, till about two years ago, when the dyspeptic symptoms returned, they continued a few months and gradually yielded to treatment. These attacks both commenced in the month of September. In the same month of last year the same symptoms again returned, which was the commencement of the present illness. At that time, the first symptoms complained of were distress at the stomach after eating, soon followed by vomiting of sour water, the food being retained. The bowels were obstinately constipated, moved not oftener than once in eight or nine days, any laxative medicines aggravated all the symptoms. The stools passed with much pain, followed by great prostration. The food though retained and probably digested, appeared not to have been assimilated. She began rapidly to lose flesh, and soon the appetite became impaired These symptoms gradually grew worse, till finally the stomach rejected every thing. The thirst was urgent, but she could not take even a teaspoonful of water without vomiting.

Some weeks before my visit a new train of symptoms begun to present themselves, in the form of tenderness, pain, swelling and sense of weight in the abdomen, she could lie only on the back, if attempts were made to lie on either side, the whole of the viscera within the abdomen would seem to *gravitate* to the side on which she was laying, when sitting or standing they appeared to be pressed down into the hypogastric regions.

These abdominal symptoms had not attended any of her former attacks of dyspepsia, though the bowels had always been constipated at those times. About a week before I saw her, she began to cough, this grew worse till the time of my visit, there was no expectoration or soreness of the throat or chest; she stated that she had not been able to retain anything on the stomach for two weeks, when awake there was almost constant retching and efforts to vomit, a little sour water that was occasionally bitter was all that was thrown up, she had been so nearly exhausted on several occasions that her friends thought her dying.

The abdomen had a rough, hard, knotty feel,—was tender, hot, and painful,—she said she had to use her hands to hold up the bed-clothes to keep the weight from the bowels; after laying some hours on the back the violence of the symptoms would gradually subside, and she would fall asleep, would awake more comfortable, but much exhausted, with cold extremities. The tongue was heavily coated with a dirty white fur, pale and flabby. Pulse frequent, weak and irritable, no headache, but at times great mental apathy, a confusion of ideas, and a sort of dreamy stupor,—I apprehend not unlike that which under some circumstances is the precursor of approaching dissolution. In fact she appeared to be literally *starving to death*, no food had been retained for weeks, and scarce any that she had taken for months had been assimilated, her only resources were the reserved tissues of the body, and even these were well nigh consumed. Such was the case when presented to me. These were unmistakable evidences of a low grade of inflammation of the gastric mucous membrane, which doubtless extended to the duodenum, and possibly the whole track of the alimentary canal. The swelling, tenderness, sense of weight, and movable, gravitating tumor within the abdomen would seem to indicate that the diseased action extended beyond the mucous coat of the intestines, and involved the muscular and peritoneal coats, indeed it is not improbable that the intestines were not only inflamed, but, by slow adhesions, had become agglutinated together, so that they moved *en masse* downward or from side to side according to the position of the patient.

That the mesenteric glands were extensively involved, their relative position and impaired functions, together with analagous known pathological phenomena, (as swelling in the glands of the axilla and groin in inflammation of the extremities) abundantly prove.

But the morbid phenomena did not stop even here, the history and appearances of the case point unmistakably to a pathological condition, which, not only modified the inflammatory action, but with which those already enumerated, though formidable enough, are comparatively insignificant. I allude, of course, to the evidences of an incipient general tubercular development. It was further believed that in the mesenteric glands this process had already advanced beyond the initiatory stages, and the dry cough which had recently supervened, together with a peculiarity of the

respiration, left little doubt that the pulmonary tissue was about to participate in the general devastation.

After the investigation of the case was concluded, the patient told me she thought any prescription useless, as it was impossible to take medicines, she believed it was to late to expect relief from remedies—I frankly told her that I had many fears that she was not mistaken. I however informed her that I thought I comprehended her disease, and that it was barely possible that we might be able to afford some mitigation of the worst symptoms. I explained that the dyspeptic symptoms which marked the commencement of the present illness, were not unlike what she had twice before been troubled with; that they were doubtless owing to some *dyscrasia* connected with the strumous diathesis; that, in this instance, the disease had extended beyond the alimentary canal; that, in the present state of the mesenteric glands, the nourishment of the system could not pass through them; that, allowing the stomach to be able to retain and digest the food, its nutriment would nevertheless be unable to retain its destination, that it was therefore useless; that the stomach, finding the food was not assimilated, wisely rejected it, and thus escaped the irritation its presence would produce; that the *vis medicatrix naturæ*, thus plainly indicated that the stomach needed, most of all, *rest*, that if we attempted any treatment we would take our bearings directly from nature, that if we were fortunate enough to be able correctly to interpret her, so as to know which of the phenomena were morbid and which sanative, she might possibly indicate the means of cure.

I further stated that I believed the first and most important indication of treatment, was to devise some means whereby to introduce *nutriment* into the system; that I believed the worst feature in the case, viz.:—the tuberculosis, was mainly due to the impoverished state of the blood, that nothing short of a supply of healthy food could furnish the material properly to enrich it—but the only channel through which this could reach the circulation was entirely obstructed, and before we could hope to introduce it, we must remove the obstacles, that these would be found to exist mainly in the mesenteric glands, which now were inflamed, indurated, tuberculous; that in proportion as we could remove these morbid conditions, we might hope them to resume their functions, that, if they would transmit the chyle, we believed the stomach would receive and digest the material from which to prepare it,

that when the stomach would receive food, it probably would medicine; and if we were able to proceed thus far, we should have surmounted the worst of the difficulties, and thenceforward our way would be less rugged; and, finally, that though this may appear plausible in theory, we yet could give no assurances that it would be verified in practice. After hearing this exposition of the matter, the patient expressed a strong desire to submit to any course of treatment I might think best to prescribe.

It never before had fallen to my lot to treat a case of this kind, and although I had no doubts of what I would like to do, the ways and means were not quite so clear, I however improvised a prescription, which, whatever its merits, was at least original—I directed an ounce of bi-carb. soda and the same quantity of bi-carb. potassa, to be dissolved in two quarts of boiling water, and flannel cloths wrung out of this applied to the abdomen, this fomentation to be continued two hours at a time, and to be repeated three times a day, the patient in the meantime to remain quiet in the recumbent position—after each fomentation, and while the surface is yet warm, rub a drachm of ointment of iodide of lead over the abdomen—after this is completed, take, if possible, a teaspoonful of cod-liver oil—take no food or drink. The fomentation and ointment were first applied the evening following my visit. But the patient could not command sufficient resolution to take the oil.

17. Patient feels better, fomentation and ointment replaced this morning, after which she began to experience a sensation of hunger, took the oil, and, contrary to my direction, immediately followed it with a bowl of chicken soup, and *retained it*, had not been able to do this for months before. Continue treatment, with an increased dose of oil.

18. Tumefaction, tenderness, and induration of the abdomen very sensibly diminished; *has not vomited since the treatment commenced.* There is an almost constant sensation of hunger, light food freely allowed. Ordered an enema to the bowels; continue treatment as before.

20. Bowels moved slightly from the enema, with considerable difficulty, pain, tenderness, etc., of abdomen; worse than at last visit; acidity, nausea, and vomiting returned; the interference with the bowels was evidently premature. Continue treatment, take a little sup. carb. of soda for the acidity.

22. Patient much improved, appetite has returned, nausea

and vomiting entirely subsided; takes two-thirds of a table-spoonful of oil, continue treatment.

24. Continues to improve, hectic symptoms have subsided no tenderness of the abdomen; bowels have moved without assistance, and without sensibly aggravating the symptoms.

28. Patient has tried to sit up too much, brought on a return of all the old symptoms—keep quiet, and continue treatment.

March 2. Symptoms all better again, but no evacuation of the bowels. Take 5 gr. Tilden's ext. taraxacum three times a day, continue treatment as before.

10. Patient steadily improves, continue treatment.

13. Had company all day yesterday, to-day all symptoms worse. It was noticed that a little excitement, or over-exertion would bring on a return of the symptoms—patient has gained ten pounds in weight; the dandelion keeps the bowels in good condition, evacuation once in one or two days.

20. Continues to improve.

25. Fomentations have been omitted a few days, abdominal tenderness returning; resume the treatment.

April 1. When directions strictly followed, constantly improving.

7. Has gained 20 lbs. weight since treatment commenced, feels nearly well when quiet, but any of the symptoms may be brought on by excitement or fatigue.

15. Saw the patient to-day for the last time, says she feels well, is about to remove from the county; advised to use the remedies if any of the symptoms return.

Perhaps the most remarkable feature of this interesting case is the simplicity and complete success of the treatment. I must confess it greatly exceeded my expectations. The case had been treated, or rather attempted, by other physicians, for "dyspepsia," "liver complaint," etc., but steadily got worse, but commenced to improve immediately after adopting the treatment that was last prescribed,—it was an extemporaneous prescription, conceived on the spur of the moment, but which seemed to fulfill all the indications as well as could be desired. That the improvement was not a coincidence with the treatment, and in no respect due to it, was evident from the fact that the symptoms returned when it was suspended. The fomentation was adapted to the inflammatory symptoms. The iodide of lead is known to be adapted to indurated glandular swellings,—while the cod-liver oil is one of our most

reliable remedies in tuberculosis, and, finally, the *rest* the patient was compelled to take while using the fomentations amounting to six hours a day, (which, added to the rest at night, kept the patient quiet most of the time,) was, it is believed, a not unimportant part of the treatment. In all abdominal affections, I think rest, in the recumbent position, to be a remedy that is almost invaluable, and the absence of which not unfrequently renders abortive all other means of medication.

ART. VI.—*Remarks on the various operations for removing Calculi from the Bladder of the Female, with a new Method.* By GUSTAV C. E. WEBER, M.D., of New York.

THE methods of removing stone from the bladder of females are many, there being hardly any point where the bladder has not been entered in order to achieve this object. But if we consider all the advantages and disadvantages of the different methods hitherto known, we find they *are all, without exception*, very frequently attended with evil consequences, which are more to be dreaded than the original complaint itself.

In order to justify this latter assertion, I will recapitulate all the different operations practiced for stone, on females, to the present time, and compare their indications and contra-indications so as to show that in reality they ought to be carefully and prudently weighed before undertaken. If rashly performed, we bring upon our patients a source of suffering by far greater than the one we promised to relieve, or even endanger the lives that were given into our hands for protection.

In connection with the methods which I find recorded in the newest editions of our standard works, I shall bring before the surgical public a new plan by which I removed a stone of an inch and a quarter in length, and three quarters in width, weighing about three ounces, from a lady of fifty-four years of age, and effected a radical cure without leaving any troublesome symptom whatever.

The various operations of lithotomy may be classed under five heads:

I.—The high operation.

II.—The gradual or instantaneous dilatation of the urethra.

III.—The operation underneath the symphysis pubis en-

tering the bladder by dividing the urethra and the neck of the bladder.

IV.—The operation underneath the symphysis pubis without dividing the urethra.

V.—The operation underneath the symphysis pubis with division of the urethra and dilatation of the sphincter.

1. *High Operation.*—The high operation (lithotomia hypogastrica) has been known since Franco, in the year 1561, performed it on a small child, where he could not extract the stone on account of its great size. But still, with the exception of a few men who practiced Franco's operation, (Rousset,* Nicholas Piètre,†) it found but few advocates until the last century, when Douglas,‡ Middleton,§ and Cheselden,‖ in England, and Morand,¶ in France, classed it among legitimate operations in surgery.

The object of the operation is to enter the bladder by cutting through the abdominal wall in the line of the linea alba, just above the symphysis pubis, through the space formed by the reflexed peritoneum, the symphysis, and the bladder.

In order to accomplish the latter many methods have been described. Franco performed his operation by introducing into the anus the index and middle finger of the left hand, and with them pushing the stone upwards just above the pubis, and then, with a small scalpel, cutting down through all the intervening tissues until the stone was reached, by continuing the pressure from below upwards, the stone escaped.

This way of operating resembles the one of Celsus** for the lateral section, and was soon superseded, like the latter, by the more prudent and careful method of Rousset, in the year of 1580.

This eminent surgeon divided the operation into four different steps:

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* Rossetus de part. Cæsarea cap. 7. Dionis chirurgia. Cap. vom. Steinschnitte. Garengeot pag. 358. Tom. I:

† N. Piètre a Mercier Thes. anat. ad extrahendum calcal. dissecanda ad pubem vesica.

‡ John Douglas, Lithotomia Douglassiana, with a course of operations. London: 1714.

§ Middleton. A short essay on the operation of Lithotomy, as is performed by the new method above the pubis; to which is added a letter relating the same subject, from Macgill and Dr. Douglas. London: 1727.

‖ W. Cheselden. A treatise on the high operation of the stone. London: 1823–8.

¶ S. Morand. Traité de la taille au haut appareil. Paris: 1747.

** Methodus cum parto apparatu. Cel. Libr. VII. Cap. 26.

First.—Dilating the bladder by gradual injections of warm water and compressing the urethra.

Second.—Cutting through the abdominal wall, just above the symphysis, reaching the bladder, where it is uncovered by the peritoneum, carefully avoiding the same.

Third.—Making a small opening in the bladder, just behind the symphysis pubis, with a pointed bistoury, and therein inserting a probe-pointed concave bistoury, and enlarging the opening upwards to a sufficient size.

Fourth.—Extracting the stone by means of the finger or a suitable stone forceps.

In nearly the same manner, with but slight modifications of the instruments hitherto used, Cheselden, Middleton, and Douglas operated and followed, in fact, Rousset, who, undoubtedly, can be considered the first who undertook the high operation methodically.

Morand, of France, after cutting through the linea alba, inserted the index finger of the left hand into the upper extremity of the wound, and by that means pressed the peritoneum upwards, then split the bladder downwards behind the symphysis pubis. After this act he introduced his index finger into the bladder, and held it up until the stone was extracted either by the fingers of the right hand or by a suitable instrument.

But, so much was the attention of surgeons then directed to the invention of new instruments, that this, the best *modus operandi*, was again modified by Frère Côme.* Rousset's method seemed not to guarantee to him the entire safety of the peritoneum, and he therefore substituted his method, which deviated from the former operations by introducing into the bladder, through a second incision made in the perineum, and the membranous portions of the urethra, his *sonde à dard*. This sound contained a triangular stilet, which was groved on its anterior surface. After the bladder had been laid bare by the section above the pubis, this stilet was pushed through the walls of the bladder, then drawn upwards, and using the groved surface as a director, the bladder was laid open by extending the incision downwards. The irrationality of augmenting the dangers of the operation by a second incision in the perineum, did not find many advocates.

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* Frère Côme. Nouvelle methode extraire la pierre de la vessie pardessus le pubis. Paris: 1779.

But his sound was, and is still, used in France, with many slight modifications, by introducing it through the urethra.

At the present time, in America, England, and Germany, where the *armamentarium chirurgicum* has been reduced to a rational size, Rousset's operation is generally performed with this modification,—that, before opening the bladder, this viscus is hooked up and held by sharp hooks, so that no regurgitation, and, consequently, nfiltration of the urine, can take place. Prof. Pitha, of Prague, in his article, "Diseases of the Genital Organs," in the Handbuch d'Spez. Path u. Ther., edited by Prof. Virchow, gives his opinion as to the superiority of the latter method. This concurs with the experience of my estimable friend, Prof. Parker, of this city, which he has presented in his valuable paper on the high operation for stone in the female.*

I have performed, in the same manner, very recently, the high operation upon a small boy of four years of age with the best success; the little patient passing his urine through the urethra as early as the fourth day. On the twelfth day he ran about in the yard, the wound being nearly closed.

I found it an important point in the operation to separate the peritoneum with the finger, gently, sufficiently high to expose the urachus; then pushing the same upwards to make the incision into the bladder, just underneath the urachus, downwards to a necessary size. After the stone is extracted, the peritoneum falls forward over the wound in the bladder, and through a slight adhesive inflammation closes it in a few days. If the incision is made lower down behind the symphysis pubis, down to near the neck of the bladder, then the peritoneum cannot reach it, and I should judge that then it would take more time to close the opening of the bladder. I also consider the introductien of sponge or lint through the external wound into the bladder for the absorption of urine or pus, as injurious, also the leaving of a catheter in the urethra, which gives rise to pain and uneasiness. The external wound ought to be kept constantly clean by means of a small piece of sponge moistened with fresh water. Every other bandage is injurious. Infiltration and consequent formation of pus in the cellular tissue in the space uncovered by the peritoneum, are not much to be feared, because if left unobstructed by tents or bandages, the least quantity formed will readily flow out of the external wound.

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* New York Journal of Medicine, March, 1855. Page 252.

To the great variety of methods of treating the wound *after* this operation, I believe we may ascribe the bad success attending the operation in its infancy.*

I look upon the high operation, when properly performed and managed, as *sine dubio*, the best way of removing stone from the bladder of the male, and, also, under certain circumstances of the female, but only such as exclude the possibility of extracting the stone by the method which is hereafter described.

We cannot, however, deny the danger of the operation, the possible peritonitis, and the fatal results which have followed, when it has been performed by the greatest surgeons. When we consider the statistics, which exhibit a mortality of one in six, or one in seven, I am sure the great mass of surgeons will rather risk an incontinence of urine in the operation underneath the symphysis pubis, than risk the life of their patients by the high operation. I should prefer the high operation only in exceptional cases (as where the stone is uncommonly large and hard, or the urethra and vagina so much diseased that a division with the knife would be fatal); and I, therefore, cannot concur in the opinion of Professor Parker, who considers the epicystotomy the safest method of removing a stone from the female bladder.

We ought to have an operation which does not endanger the life of our patient, and still achieve its object. We find that there are operations practiced in a different manner, that can avoid the former and lead to the latter. We will briefly recapitulate them, and see in what regard they are preferable to the operation just described, and what are their disadvantages and contra-indications.

Among the operations that were practiced principally for the removal of stone, was the dilatation of the urethra, by means of compressed sponge, roots, specula, or dilators expressly invented for the purpose.† Heister's observation, that pretty large-sized stones would sometimes pass away with the urine, with pains similar to those of labor; and Middleton's case, in which a woman forced, during a hard

* If we run over the statistics of the lateral, as well as the high operation, without the least prejudice against one or the other, we find the true per centage of mortality about equal. In the lateral section, I think, the good result is always noted down, but not the bad consequences, which are liable, even with perfect success of the operation itself, to follow after, as, for instance, "impotency." I consider this an important point, in the discussion as to the superiority of either method.

† Heister, Chirurgic. 1728.

attack of tussis convulsiva, a stone weighing four ounces, through her urethra, led to the experiments with gradual, as well as instantaneous dilatations of the urethra, and consequent extractions of the stone with a suitable pair of forceps. Although there are cases on record from Douglas, Broomfield, and A. Cooper, men who merit our highest esteem, we still must consider this operation as one only practical in very *exceptional* cases.

I have examined women of young and robust constitutions, whose urethra I could enter with the greatest ease, with the index of my right hand, up to the sphincter, but I think that the urethra of a female suffering a year or more with calculus in the bladder, is a "*noli me tangere*," that will not allow even a slight dilatation, much less a dilatation that will allow a stout pair of forceps to pass, holding in its grip, its prey, in the form of a calculus of an inch or two in diameter, without laceration of the mucous and muscular coats, and consequent incontinence of urine. Besides this laceration of the parts there is the extreme pain that ought to be considered, and which is so excessive, sometimes, that it cannot be endured without endangering the life of the patient. Fortunately, for the poor, suffering females, this proceeding of dilatation, *as a method*, has now been abandoned by the better surgeons of the day, and the knife takes the place of the compressed sponge to relieve them from this troublesome companion.

The operations with the knife have undergone many changes since the time when Celsus performed, after his method, by which he removed stone from both sexes. Lisfranc* imitated Celsus in the invention of his method, the so-called "*Vestibular Section.*" He entered the bladder by making a semilunar incision, with its convexity towards the pubis, commencing to the right of the urethral orifice in the same plane as the urethra lies, about one line from the pubic arch, and carrying the knife from the right to the left side, ends the incision in the same plane wherein the section was commenced. Then the cellular tissue is carefully divided by the handle of the scalpel or the finger, until the anterior wall of the bladder is reached, which is subsequently opened by a second incision to the necessary size for the extraction of the calculus.

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* Memoire sur une nouvelle methode de pratiquer l'operation de la taille chez la femme, Paris, 1823.

Every one conversant with the surgical anatomy of the parts, knows that even the most extensive opening here is not sufficiently large for the removal of a medium-sized stone without laceration, and that it is very difficult to make a large incision without injuring the internal pubic artery. From these two important facts, the vestibular section is objectionable, and not to be selected for the purpose of removing calculi from the bladder of females.

There is another method by which, through vertical section, the sphincter, the neck of the bladder, and the vaginal wall are divided. It is the method of Kern,* but Marianus operated by making a lateral section between the urethra and the ischium, and entering the bladder at the sphincter, which he divided with the neck of the bladder after the method of operation in the lateral section on the male, but with this operation we risk, just as in the vaginal section, where the posterior wall of the bladder is incised, the possible consequence of a vesico-vaginal fistula. The history of the operation shows, that in the plurality of cases, this most dreadful of all complaints followed the undertaking. It is possible, that with the application of Dr. Sims' clamp suture, which has justly gained so much celebrity in America, that these consequences might be obviated, but still we possess no facts to guide us, and till we do, Kern's operation, as well as the vaginal section, ought not to be performed under any circumstances whatever. A vesico-vaginal fistula is more to be dreaded than the suffering with stone.

We come now to the consideration of the methods by which the whole urethra and the neck of the bladder were divided, and we find here again a number of modifications which were used. *First*, we have the lateral section by which the urethra and neck of the bladder are divided, on a sound downwards and obliquely in the space formed by the vagina, the descending ramus of the pubis, and the ascending ramus of the ischium. In order to make this incision either the sound of Paré, of Rudtorfer, and Potts' probe-pointed bistoury, Langenbeck's lithotome, can be brought into action, as also the gorgerets of the English, or Frere-cosme's lithotome-caché. *Second*, we have the horizontal section, by which the urethra and neck of the bladder is divided horizontally; *third*, the *superior vertical section*, and

* Kern. Die Steinbeschwerden der Harnblase, ihre verwandten Uebel und der Steinschnitt bei beiden Geschlechtern. Wien, 1828.

lastly, the *inferior vertical section.* In all these operations, the sphincter and neck of the bladder are divided, which leave, as the result of the cases in which they were used shows, very frequently, an incontinence of urine. We can easily explain why this symptom, in most cases, must necessarily follow: the urine that flows out of the divided neck of the bladder cannot escape readily; it has to pass through parts in the lateral, as well as in the horizontal, superior or inferior vertical section, that are filled with nothing but cellular tissue, the consequence often is infiltration of urine, inflammation, formation of pus near the wounds in the bladder, which destroys the possibility of reunion by first intention. We all know, then, how difficult it is to bring about a union of a wound of the bladder, if not by first intention. For these reasons the operation in which the urethra, sphincter, and the neck are incised, are not safe proceedings for the benefit of females that seek relief from the suffering with stone.

We have now spoken of all the different operations that were entitled to be classed among the legitimate methods of proceeding, for the removal of stone in the bladder. We have still remaining the few exceptional cases. The study of these led me to resort to quite a novel method as this review of the various operations will prove, and which justifies the title of this article, "*A new method of Lithotomy.*"

Paré has left a description of a proceeding, although not very distinctly expressed, by which he only divided the urethra, dilated the wound, with his dilators, pressed the stone by means of two fingers introduced into the vagina, into the neck of the bladder, and extracted it with hooks or the forceps.

Lecat introduced a *Georgeret á sonde cannelée* into the urethra, divided it with a urethrotome, without reaching the sphincter. He then introduced the gorgeret through the sphincter, and dilated it with his instrument, and with one of his fingers.

In the like manner Le Blanc, operated with his gorgeret, and dilators, dividing the urethra towards the left and the pubic arch.

Rust split the urethra after the manner of the lateral section, and then dilated the neck of the bladder with his finger.

Dionis, Tolet, Greenfield, Ledran, Sinz, Lorenz Colot, and Fergusson, have operated on the same plan, by partial or total section of the urethra, and dilatation of the neck of the bladder.

Now, this plan of Paré, Lecat, etc., etc., is indeed the best, and most simple method that we have met with, and it is surprising that it is so seldom employed. There is, however, yet a modification to be substituted that seems to me most essential for the success of the operation. By this plan, through the division of the urethra, this part of the urinary organs comes out of the care of the operator, because then he can reach the bladder, without forcing his way through, so that no laceration, and consequent paralysis of the muscular fibres can follow. The only error these last mentioned operators fell into was, that they all divided the urethra, either upwards or horizontally, or laterally, which gave rise to the inconvenience that we have already mentioned, that is, the urine could not flow off easily, and would give rise to infiltration in the cellular tissue that lay laterally and superiorly around the urethra. The reason of their proceeding thus was because they thought in case the divided urethra did not unite, they must preserve some kind of a canal for the urine to flow in. This caution was, according to my experience, not necessary. In my case, where I divided the urethra in the median line, downwards, I found that after the operation, the patient, after the bladder was well filled by an injection with water, could throw a stream of water in a semicircle about half a yard. This showed to me, that the reunion of the urethra is not of so much importance for the ejaculation of urine as is generally believed.

The only question that merits consideration now is, will the sphincter and neck of the bladder, after the division of the urethra bear the instantaneous dilatation, to a sufficient degree for the extraction of a good sized calculus. My opinion is, that they will not, and that when we undertake to force the sphincter open by instruments, or by the finger, beyond a certain limited extent, that we risk the same possibility of an incontinence of urine, as when we undertake to operate by dilatation alone. I certainly believe that the sphincter is dilatable to the size of three-quarters of an inch in diameter, because I find that this is, with slight variation, the ordinary size to which the sphincter opens for the evacuation of a full bladder. To prove this, I have distended, in my case, the bladder by an injection of warm water, after I had divided the urethra, as I before mentioned, and then directed my patient to empty it with as much force as possible. While she was doing this, I could intro-

duce, with the greatest ease the index finger of my right hand up to the second-joint into the bladder.

To dilate the sphincter beyond this extent I consider, as I have said, to be very hazardous indeed, and, we therefore, should select a *modus operandi*, by which it will not be necessary for the extraction of stone to open the sphincter beyond the natural capability, for dilatation.

We find such an auxiliary remedy in the great *armamentarium lithontripticum*, if we select from it an instrument that can break the calculus into three or four pieces. If the calculus be of a brittle composition, as in the generality of cases, a small pair of forceps, whose blades are narrow but stout, will effect this object. If the stone is hard, which is very seldom the case, the straight drill, of Civiale, or some other instrument will suffice, being guided by one finger, to take hold of the stone, and break it immediately. The fragments will be removed through repeated injections of water, or with a suitable pair of forceps without stretching the sphincter to such an extent as to cause laceration, and consecutive paralysis.

With this proceeding we combine lithotomy and lithotripsy to a harmonious union; we perform lithotomy in order to be able to exercise lithotripsy, and remove the consequences immediately after. Without the previous urethrotomy, lithotripsy would be tedious, and could not be (as much as Heurteloup says, about the performance of lithotripsy in one séance, I cannot believe it,) fulfilled in the space of from 10 to 15 minutes.

These are the considerations which I acted upon in the execution of my operation with so much success, and which I now bring before the surgical public so that imitation might prove what I believe it to be, that this operation is the solution of the question: "*Which is the best mode of extracting calculus from the bladder of Females?*"

Case.—On Monday the 6th of March, I was called upon to visit Mrs. Rehr, a lady of 54 years of age, residing in 46th Street, between 8th avenue and Broadway, who was suffering, as I was told, upwards of two years with a disease of her womb and bladder. Upon examination, I found no pathological condition whatever, except the existence of stone, and consecutive great irritability of the bladder, with slight purulent discharges therefrom. Proposing an operation, my patient was willing to submit to everything in order to get rid of her sufferings. For that purpose I undertook,

March 13th, the operation which was commenced by emptying the bladder and the rectum. The patient was laid crossways on the bed in a position so as to elevate the pelvis, and expose the parts sufficiently for the manipulations. My assistant, Mr. S. J. Holley, then, with his right hand held the labia majora and minora well apart, and with the left pressed with a gorgeret the posterior wall of the vagina downwards. I then introduced a curved sharp-pointed bistoury (Wutzer's for the operation of fistula ani) protected by a conductor into the urethra, withdrew the conductor and plunged the point of the knife through its posterior wall, about one line from the sphincter, and then divided by drawing it downwards and outwards, the urethra in the median line. After this step having been taken, I introduced into the sphincter the point of a syringe, and injected the bladder with tepid water. Then, while the woman evacuated this injection, I introduced my finger, and on my finger a pair of narrow polypi forceps, grasped the stone, and with some pressure broke it into five pieces. After this another injection of water was made, and the woman directed to empty her bladder forcibly; on doing this, three pieces came away. The other two I took away with the forceps, using my finger as a guide to bring, with care, the fragment between its branches.

After I ascertained that every particle of stone was extracted, I directed the woman to lay quietly on her back, and have the parts frequently well sponged with cold water. Hardly any reaction took place. The patient could retain her urine always, and has never had any trouble with her urinary organs since, the soreness of the parts disappeared in the course of four or five days.

The two anterior thirds of the urethra did not unite, but still there exists no difficulty in passing the urine with a good stream.

This is in short the history of my operation, the success of which was exceedingly satisfactory to myself, as well as to my patient.

179 West 22nd Street.

ART. VII.—*On the Remote Causes of Deafness.* By DUDLEY PEET, A.M., M.D., of New York.

I PROPOSE to treat, as briefly as I can, of the Remote and Proximate Causes of Deafness, understanding by the former, those conditions of the atmosphere, country, conditon of parents and offspring, etc., etc., which predispose to deafness, and by the latter, those local affections which mechanically or otherwise cause deafness.

Several attempts have been made by different individuals, to collate statistics in relation to the causes of deafness, but from the ignorance of the guardians of the patients, these statistics have proved but very imperfect. An abstract of seven hundred and eighty-seven cases, collected from the institutions for mutes at Paris, Copenhagen, Leipzig, Prague, Cologne, St. Petersburg, Dresden, Hamburg, and Modena, in Europe; and Hartford, New York, Philadelphia, and Columbus, in the United States, I will here insert. It is as correct as any that have as yet been published. It may be found in the Eighteenth Report of the New York Institution for the Deaf and Dumb.

CAUSES OF ACCIDENTAL DEAFNESS.

Scarlet Fever,	44	Dentition,	2
Typhus Fever,	3	Humors in the head,	2
Spotted Fever,	33	Scrofulous Opthalmia,	1
Inflammatory Fever,	7	Quinsy,	1
Nervous Fever,	5	Peripneumonia,	1
Nervous Fever, and gathering in ears,	1	St. Vitus' Dance,	1
Brain Fever,	4	Palsy,	1
Brain Fever, from dentition,	1	Paralysis,	1
Brain Fever, from coup de soleil	1	Syphilis,	1
Fever and Fits,	1	Mumps,	1
Convulsions,	24	Croup,	1
Epileptic Fits,	6	Measles and Mumps,	1
Colds,	26	Small Pox,	8
Measles,	35	Injuries of the head,	9
Gatherings in the head,	15	Disease in head (not named),	4
Inflammation in the head,	20	Disease in ears (not named),	4
Falls,	19	Disease in throat and head (not named),	1
Scrofula,	12	Ulcers,	2
Whooping cough,	12	Falling in the water,	3
Hydrocephalus,	9	Use of calomel,	1
Hydrocephalus & Whooping Cough,	1	Report of a cannon,	1
Bilious Fever,	1	Loss of hearing without manifest cause	4
Catarrhal Fever,	1	Inflammation of a limb,	1
Epidemic Fever,	1	Swelling in neck and gathering in ear, with convulsions,	1
Intermittent Fever,	1	Injury of the ear,	1
Arthritic Fever,	1	Bite of a mad cat,	1
Fever (not named),	38	Swallowing tobacco,	1
Foreign substances in the ear,	2		
Itch	2		

Swallowing poison laurel,.....	1	Diseases and accidents unknown,..	398
Disease caused by vermin, ...	1		
Injurious medical treatment,.....	1	Total,.....	787
Gradual decay of hearing, ...	2		

This abstract shows the prominent causes to be fevers, the exanthemata, pertussis, convulsions, hydrocephalus, and inflammation in the head. In regard to the ages at which deafness is most likely to commence, the same authority gives the following abstract of 284 cases:

From birth till	1	year of age,			94	cases of deaf-mutes.		
"	1	"	2	"	"	73	"	"
"	2	"	3	"	"	41	"	"
"	2	"	4	"	"	19	"	"
"	4	"	5	"	"	27	"	"
"	5 and upward,					30	"	"
		Total,				284		

One singular fact, established by statistics, is, that there are more deaf males than females. This cannot arise from the fact, that they are more exposed, for at the age (under five) when they are most liable to become deaf, male children receive the same degree of care as female. The probability is, that more males survive the diseases of youth than females. Of congenital cases of deafness, however, thare are more females than males, in the proportion of nine to seven.

There are not sufficient instances known on which to form definite conclusions as to the amount of the hereditary transmission of deafness when one or both of the parents are mutes. There can be no doubt that there is a certain degree of danger. I personally know of only two families, both the parents in each being mutes, in which there is any direct transmission. In each family there are seven deaf and dumb children. I have heard of several other instances, however. Marriages between deaf-mutes are, however, not very uncommon occurrences, the children resulting from which possess perfect audition. There seems to be in some families, the heads of which are possessed of all their faculties, a marked predisposition to deafness. Sometimes this is owing to dissipation of one or both of the parents, at the time just preceding gestation, thereby debilitating the vital powers. In other cases, dissipation in youth has been the cause. But of all known causes, intermarriage is the most prolific cause of predisposition to deafness. It has been settled beyond a shadow of doubt, that intermarriages of first cousins, and

even some of second cousins, give rise to offspring which are generally either of small size, imperfect health, or of imperfect development in some part; they are either idiots, blind, club-footed, or deaf and dumb. And those offspring of first cousins who are not, are rather the exceptions than the rule.

A curious but not very frequent mode in which hereditary predisposition manifests itself is seen in *alternation*. A single case will suffice. In a family of fourteen children, the second, fourth, sixth, eighth, tenth, twelfth, and fourteenth born, were deaf-mutes congenitally, while the others could hear and speak. Another case has been recorded, in which the line was only broken by the birth of twins, both deaf-mutes. Among other facts shown by the late census of the United States is, that deaf-mutes are more frequently found among white than colored people, while blind persons are more common among the blacks than whites. Mulattoes are more subject to both blindness and deafness than the full-blooded individuals of either race.

That the scrofulous diathesis should be assigned as one of the predisposing causes of deafness, will cause no surprise to any one in the least acquainted with pathology. The *deposition of tubercles* being one of the results of *scrofula*, the latter term has at length become, in the minds of many, so associated with the former, as to be understood as almost synonymous with tuberculosis. Tubercular matter may be deposited in different parts of the ear, it is true, but yet it is so unusual, that to regard it as a curiosity, would be strictly correct. The scrofulous diathesis, however, so affects the whole body that inflammation is easily excited in any organ; this inflammation is of an unhealthy kind, slow to heal, producing an abnormal pus, and exceedingly liable to take on a chronic subacute character.

When the ear of a strumous patient becomes inflamed, deafness is almost certain to result, unless proper medical treatment be at once resorted to. The mucous membrane becomes thickened, red, pulpy, a purulent effusion is poured forth, constituting what I shall hereafter speak of as strumous otitis, and, if the membrana tympani be at the same time perforated, strumous otorrhœa. The mucous membrane of the membrana tympani is thickened, thus greatly impairing its functions, as is also that of the Eustachian tube, thus preventing the free access of air to the middle ear. When we examine the delicacy of the apparatus of hearing, it is truly wonderful that even in grave cases of inflammation, the

hearing is not immediately and totally lost. And yet the mucous lining of the cavitas tympani is often so thickened, that it would seem impossible for the membranes of the fenestra ovalis and fenestra rotunda to be of the slightest use in conveying the vibrations to the internal ear, the degree of deafness resulting therefrom, being at the same time, by no means commensurate with what we should have good cause to expect. Scrofula, as a predisposing cause of deafness, acts then, almost always, merely as a predisposing cause of inflammation in general, which inflammation, being excited in the ear, produces changes resulting in deafness. These strumous inflammations are not rare. They are very common among children, almost as much so as strumous affections of the eye. Those of the deaf and dumb who are scrofulous, form a large proportion of the whole number, and the proportion is not much less among those who are deaf, but who have lost their hearing so late in life as not materially to affect their speech. It is evident, then, that whatever is calculated to engender the scrofulous habit, is indirectly a cause of deafness. Among these causes may be mentioned, living in imperfectly ventilated, poorly lighted, and damp habitations; living in wet localities or in a climate subject to great or sudden variations of heat and cold, dryness and humidity. In mountainous countries, a great deal depends on the altitude of the habitation; thus in Switzerland it has been ascertained that those who live in the valleys are far less healthy than those who live high up on the mountains; the disproportion of cretins between the two mentioned classes of localities being exceedingly great. The number of deaf persons in Switzerland is much greater in proportion to the number of inhabitants than in any other country in the world where statistical knowledge has been obtained. In Belgium, Holland, and Saxony, the proportion is much less; these latter countries are level and dry. In the South of Europe, the number of deaf persons is less than in the colder countries of the North. A case has been recorded in the Paris Institution for the Deaf and Dumb, of a family of eight children, five of whom were congenitally deaf and dumb. These five had been born in a very damp dwelling. A family which previously had resided in the house, had three children, two of whom were deaf and dumb.

It has been a disputed question since the days of Hippocrates, whether the pregnant is able to transmit to her offspring peculiar traits of mind or conditions of body, as the

result of a persistent melancholy mood, or mental anguish, or as the consequence of a sudden fright or disgust during any period of her pregnancy. The affirmation of this problem has been, and ever will be, considered by the vulgar of every nation as indubitable, no superstition or tenet being more universally believed; so much so, that Shakespeare, in many places, alludes to this belief. But whether, or no, deafness has ever been the child's misfortune through the mother's fright, I leave others to judge after the perusal of the following statements, which I have collected from files of "Questions to Parents and Guardians of Deaf Mutes." These questions were issued from the office of the Secretary of the State of New York, and are preserved in the New York Institution for the Instruction of the Deaf and Dumb. The facts I am about to state, are to be found in answer to the second of the "questions," which is as follows:—"Was your child born deaf? If so, was there any cause which is supposed to have operated before birth?"

First Case.—A. M., the daughter of L. M., a physician in this state, is a fine, sprightly girl, in excellent health, having no bodily infirmity with the exception of deafness and the dumbness consequent on the loss of hearing. There has never been in any of the collateral branches of the family, a single case of deafness. She, however, is congenitally deaf, and her deafness is ascribed to the fact that her mother while pregnant with her, was frightened by a deaf and dumb man, who boarded in her family.

Second Case.—C. P. E., is a boy of perfect health, and no physical defect except his deafness. The cause of this deafness is ascribed by his parents to the fact, that a few months before the mother was delivered, she *saw* a deaf and dumb child. It must be acknowledged, however, that this is not a sufficient cause of deafness, as the mother was afterward delivered of a boy, who was also deaf and dumb, and who died at the age of ten. One of the great-aunts and great-uncles of this boy were deaf and dumb. The parents were second-cousins. That these additional facts establish the existence of other causes than the one assigned, sufficient of themselves, to account for the deafness, there is no question.

Third Case.—M. G., is the daughter of an intelligent tanner and currier, who gives the following statement:—"She was born deaf. I (the father) do not know of any other cause than the following:—My wife is a Catholic, and while in pregnancy with Melissa, wished to go to confession, I

refused to let her do so, at which she was offended, and would not speak to me for nearly a week, which time was about five or six months before the birth of Melissa. I was ignorant at the time of my wife's pregnancy, else I should have avoided any opposition to her wishes." There are two other children in the family, both of whom are in possession of all their faculties. The father has "tried to remove her deafness, by the use of refined sweet-oil, which caused extreme pain, without any apparent benefit to hearing." Dew-water was also tried, "which caused no pain, and seemed to relieve the head-ache she was formerly troubled with." The trial of refined sweet-oil, has thus added to medical lore the important fact, that the not going to confession, is apt to leave considerable inflammation in the ears of the progeny. Verily, the *sins* of the parent are visited upon the children, (unless confession is duly made,) as is abundantly shown by this instance of the hereditary transmission of moral turpitude.

Fourth Case.—S. A., is a healthy girl, of a family in which there is no hereditary taint. Her mother, sometime before the birth of the infant, saw a little foolish child, the vision of which is supposed by the parents to be the sole cause of deafness.

Fifth Case.—J. S., was born deaf, and there has been no apparent cause assigned, except that his mother while *enceinte* "saw a deaf and dumb man acting." There is no other cause of deafness in any of the collateral branches of the family. There are seven other children, all of whom are perfect in body and mind.

Sixth Case.—E. S. Y., was deaf from birth. The family is free from any taint likely to produce deafness. None of the exanthemata have attacked him, with the exception of the kine-pox. The mother, during the early part of her pregnancy, became very much excited, so as to be unable to speak, and ascribes the deafness of her child to this cause.

Seventh Case.—I. M. The only reason assigned for the deafness of this boy, is contained in the following account given by the mother:—"I lost a son three weeks previous to the birth of this deaf son. The dying child kept calling for me. The friends present thought it not proper for me to witness its struggles. To prevent me from hearing the cries of the child, I put my fingers in my ears, and, so far as I could, stopped my hearing. Three weeks thereafter my child was born deaf and dumb, and has remained so ever

since." This woman has had four children by her husband, (a convict in the state prison, and who has, since his release, deserted his wife,) and two by another man with whom she is at present living. All these children can hear and speak, and there is no other case of deafness known in any collateral branches of the family. There is no relationship between the parents.

Eighth Case.—This is a boy by the name of L. McK. H., who was born deaf and dumb. During the days allotted to his mother, one of the older children in the family, hurt his shoulder, and it became necessary to lance it. The mother, fearing to see the operation, went some distance from the house, and in order that she might not hear the screams of her child, placed her fingers in her ears, and she says, "immediately experienced sensations which she could not describe." This is the cause assigned by the mother for her son's deafness. It may not be improper to add, however, that an uncle of the father of this lad was born deaf and dumb, and also a cousin of the mother, thus showing an hereditary disposition to deafness, which, much more likely than the above incident, was the cause of this infirmity. Six other children are in the family, none of whom are deaf and dumb

Ninth Case.—I. W. P., was born deaf, and the mother assigns as a reason, that while with James, a child was placed in her arms to be fondled. The infant very suddenly expired, and she became so exceedingly frightened, that she believes the deafness of her child was induced. There are no other causes known by me for his deafness.

Tenth Case.—This is a case of congenital deafness in a bright, sprightly lass, perfect in all her faculties except hearing and speaking. The only cause for her deafness that I can find assigned, is contained in the following sad, yet interesting, narrative:—The father of this child had seduced the mother, under the promise of marriage. The situation of the mother being known, he promised to perform his duty, and legitimate the offspring. For some reason or other, the marriage was not immediately consummated, but the time for it was definitely settled a few weeks before the birth of the child. A few days before the wedding was to have taken place, the father went to work in a neighboring field, and while engaged in cutting down a tree, was instantly killed by the fall of it. The unfortunate mother on hearing the sad tidings, was rendered distracted with grief at the

loss of her lover, and shame at her miserable condition. Hastening to the side of the dead man, she called upon him to speak to her once, if only once, more. This she did constantly in her frenzy, until torn away from him by her friends. Being confined shortly afterwards, she was delivered of a female infant, which has since its birth neither heard nor spoken. And she ascribes its deafness to the efforts she made to hear the voice of her intended husband.

A case is mentioned in a report printed in the year 1837, of a boy, which at the time attracted considerable attention. The meatus auditorius externus was entirely wanting, and the auricle reduced to a mere projecting cartilage. The face and head were also deformed, but intellectually he did not appear to be deficient. The occasion of his deafness and deformity, "is supposed to have been fright on the part of the mother during the period of gestation, from a piercing shriek uttered by a servant. The distressing effect upon the ears of the parent, is believed to have caused those of the child to be closed up. This individual hears imperfectly, on opening his mouth, through the Eustachian tubes; and by this means he has, to a trifling extent, learned to articulate." The report suggests the practicability of opening the external orifice of the ear. I believe the operation was never performed.

ART. VIII. — *Abstracts of the Proceedings, Papers, etc., of the Medical Societies of New York.*

ACADEMY OF MEDICINE.

REGULAR MEETING, MARCH 5th, 1856. DR. WILLARD PARKER, *President.*

RESEARCHES INTO THE MINUTE ANATOMY OF THE KIDNEY.

DR. C. E. ISAACS, Demonstrator of Anatomy in the University of New York, read a very elaborate paper, embracing the results of his investigation of certain disputed points in the minute anatomy of the kidney. These are—the existence of ciliated epithelium in the uriniferous tubes of higher animals; the nature of the connection of the Malpighian body with the uriniferous tube; the ultimate distribution of the branches of the renal artery; the existence of a fibrous matrix, etc., etc. The differences of opinion which exists among physiologists in regard to these points seems due to insufficient means of investigation. Bowman, for example, relied almost entirely upon the appearances of injected specimens; and Toynbee, employing the same method, arrived at opposite conclusions; others using transparent objects obtained different results. To arrive at satisfactory conclusions, it seemed desirable to discover some

method of making the substance of the kidney transparent, and thus rendering every portion clear and well defined. After much experimenting, this result was obtained, and, what was of still greater importance, the new method of preparing specimens admitted of their being examined *both as transparent and opaque objects*, which at once rendered the results of examination conclusive. This discovery is one of the most important yet made in the preparation of specimens of the kidney, and is destined to enable the microscopist to determine definitely the minute structure of this organ.

Do ciliated epithelium exist in the uriniferous tubes of the mammalia?—The ciliated epithelia of the uriniferous tubes of the lower animals, as snakes, fishes, etc., are easily demonstrated, but their existence in the mammalia is disputed. Huschke, Bidder, and Richert deny their existence, while Bischoff, Valentin, Pappenheim, Gerlach, and Kölliker, believe they do exist. In the inferior animals, where the urine is excreted in a semi-fluid state, they exist in a perfect state, and reasoning from analogy, we should be led to conclude that they are present in the higher animals. After examining fresh kidneys of animals repeatedly, for three or four years, without obtaining any satisfactory results, Dr. Isaacs resorted to the large establishments of this city where oxen, sheep, dogs, etc., are slaughtered in large numbers, and examined the kidney as soon as it could be removed from the animal after death. Every precaution was taken not to confound molecular with ciliary motion; scrapings of the substance of the kidney, agitated in test tubes containing a solution of albumen in urine, and also thin sections, were examined. In specimens from some animals no motion was perceived; but in those from the dog, currents were seen taking place in the fluid, and in the tubes epithelial cells would disengage themselves from the sides of the tubes, and pass along it for some distance, and, after emerging from it, assume a rotatory motion, sometimes nearly all the cells would pass out of the tube in a few minutes leaving it almost denuded. Isolated cells were also seen to have a rotatory motion. These appearances were noticed on *eight* occasions, and though they generally cease within an hour after the death of the animal, Dr. Isaacs has seen them in motion three hours after. He has seen the cell actually provided with cilia in but a single instance, when it appeared fringed, and the cilia were in active, rotatory motion; this specimen was obtained from the ox. Dr. Isaacs, therefore, considers it certain that ciliary motion does exist in the kidney of the higher animals, though, perhaps, in an imperfect or rudimentary condition.

Do the minute twigs of the renal artery in the cortical substance of the kidney all terminate in the Malpighian bodies?—The principal authority on the circulation of the kidney is Bowman, whose views are now almost universally adopted. According to him, the terminal branches of the renal artery all pass into the Malpighian bodies where they form the tuft or coil of vessels which compose these bodies; the efferent vessel of the tuft is the vein which, immediately after its escape from the Malpighian body, forms a plexus upon the uriniferous tube for the purpose of excreting the salts of the urine. This distribution of vessels he considers the analogue of the portal sytem, and

the biliary secretion. Repeated examinations have, however, convinced Dr. Isaacs that the opinion of Bowman is incorrect. He has frequently been able to demonstrate the fact, with specimens from various animals, and differently prepared, that a branch is given off by the terminal artery before it enters the Malpighian body which inosculates with the venous plexus surrounding the uriniferous tube. He, therefore, modifies the commonly received view of the renal circulation, by stating that most, but *not all* the blood of the renal artery enters the Malpighian body—a certain amount being distributed to the venous plexus of the uriniferous tube.

What is the nature of the connection of the Malpighian body with the uriniferous tube?—A great diversity of opinions exists in regard to this point. Huschke denies that the Malpighian tuft has any connection whatever with the uriniferous tube. Hyrtle maintains that the tuft has no connection with the uriniferous tube, but communicates with the lymphatics. Toynbee represents the tube entering the capsule surrounding the Malpighian body, and then emerging from it. Gerlach says the tuft is not a blind termination of the uriniferous duct, but a retraction, introversion or diverticulum of the same membrane which forms the tube. Bidder believes the tuft is pushed into the expanded extremity of the tube, the coil being *external* to the cavity, the double night-cap arrangement of the serous investment of certain organs. This difference of opinion may be accounted for by the methods generally employed of teasing out a specimen with needles in order to get a small portion for examination, containing a tube and tuft connected. The tuft is firmly embraced by the fibrous matrix of the organ, and the tube being weakest at its neck, or where it expands to form the capsule, it is torn off by this process. The method which Dr. Isaacs adopted was to use fine scrapings of the kidney, strongly, agitated in water in a test tube; by this means the matrix is softened, and the tubes and tufts connected, are not unfrequently separated when their connection admits of demonstration. Another method, is to boil fine scrapings in a test tube containing half an ounce of water, to which one drop of sulphuric acid has been added, and then washing the precipitate repeatedly. He has also obtained beautiful views by suspending portions of the kidney in the vapor of alcohol for two or three weeks and then agitating their sections in water, in test tubes for thirty-six hours.

Dr. Isaacs concludes from these examinations:—

1. That the convoluted uriniferous tubes terminate by forming an expanded extremity, or capsule, which embraces the Malpighian tuft, or coil of capillaries, as was first correctly described by Mr. Bowman.

A plate, beautifully illustrating the connection of the artery, with the capsule, represents the tuft ruptured by the injection thrown into the artery, and the material escaping into the capsule, and passing along the tube.

2. That many of the convoluted tubes end in loops; but he has never seen the blind extremity, or the anastomosis of tubes, as described and represented by Toynbee and others, except in the kidneys of frogs and fishes. He does not, however, deny their existence.

Do nucleated epithelial cells exist on the Malpighian tuft or coil? —The difficulty of determining this point, is due to the existence of cells lining the capsule itself, which interfere with vision, and render it quite impossible to decide whether the cells are all confined to the capsule or not. To overcome this obstacle, Dr. Isaacs succeeded in bursting the capsule, and thus exposing the tuft, by the following process:—First throwing a moderate injection into the tuft through the artery so as to fix it firmly, he then injected the tube with watery and etherial solutions which burst the capsule. Nucleated epithelial cells could then be seen upon the uninjected, and transparent edges of the tuft. In a second specimen he tore off the capsule with a needle, and thus exposed the naked tuft, also partly torn in pieces, to which nucleated cells were plainly seen attached. In a third instance, fine scrapings of the kidney were agitated for a *long time* in water in a test tube, by which means the epithelial cells were washed from the uriniferous tube, and the space between the tuft and capsule was filled with water. This specimen rolled over while under observation, and resembled a ball floating in a bladder of water, and swaying from side to side, the surface covered with cells.

He concludes, from these observations, that the existence of nucleated cells upon the surface of the Malpighian tuft, and, consequently, its analogy with other secreting organs, as conclusively demonstrated.

What is the function of the Malpighian tuft?—According to Bowman, the generally recognized authority on this subject, the office of the Malpighian body, is the separation of the water of the urine from the blood, while the urea, lithic acid, and salts are excreted by the venous plexus. He considers the renal circulation quite analagous to the portal, the blood of the venous plexus being similar to the portal blood, and each efferent vessel, a portal vein in miniature. In support of this theory he states, that in serpents the kidney not only receives a renal artery, but also a large *renal portal vein*, or veins, bringing for the secretion of urine the venous blood of the hind part of the body, and giving off the capillaries which ramify upon the uriniferous tubes. These views have been generally adopted. Dr. Isaacs, however, is led to believe that the Malpighian bodies have other duties to perform than the simple separation of the blood, for the following reasons:—1. Water is never secreted as such in the body, and it is not necessary that so complex a body as the Malpighian tuft be employed for this purpose. 2. Its nucleated cells prove that it has a function other than the separation of water. 3. In reptiles and snakes, the urine is separated in a semi-fluid state, and yet the Malpighian bodies exist in great abundance in both the cortical and tubular portions. 4. As various saline substances, alcohol, etc., are readily separated, and in great abundance, from the blood in the kidneys, it is more rational to suppose that the Malpighian bodies perform this function. 5. On examining the kidney of a man who died jaundiced, the uriniferous tubes near the tufts were found to contain particles of bile, and the epithelial cells were stained and the Malpighian bodies were of a yellowish or brassy color. The presence of bile in these bodies and tubes was also proved by proper tests.

For these reasons Dr. Isaacs concludes, that the Malpighian bodies probably separate water, various salts, urea, etc.

Has the kidney a fibrous matrix?—Some of the best observers have failed to demonstrate a fibrous matrix of the kidney. Henlè declares that he has never found the least trace of cellular tissues between the uriniferous tubes. Freirichs doubts its existence, and Rokitansky is stated to have mistaken the normal fibrous matrix for a product of disease. It was first described by Goodsir in 1842. By the ordinary methods of examination this tissue is very difficult of demonstration. The method adopted by Dr. Isaacs is at once simple and effectual. Thin sections of the kidney are placed in a test tube containing water, and agitated from time to time for several hours, the water being changed as often as it becomes turbid. Placed under the microscope, these sections exhibit a honey-comb arrangement, the smaller openings being for the transmission of the uriniferous tubes, while the larger contained the Malpighian bodies. These preparations seem to demonstrate the existence of a fibrous matrix beyond a doubt.

The paper of Dr. Isaacs, of which we have given but a meagre outline, is one of the most important contributions to the minute anatomy of the kidney yet made. The methods of investigation employed which are for the most part novel and productive of the most accurate results have been discovered only after long and patient reasoning and experimentation. We predict for the author, an enviable distinction among the few, but eminent, laborers in the field of histological science; and for the Academy, under whose auspices the work makes its appearance, an honorable place among the scientific bodies of the world.

SECTION ON SURGERY.

REGULAR MEETING, June 15, 1855. Dr. DETMOLD, *Chairman.*

Tracheotomy for a Foreign Body.—Dr. POST related a case of tracheotomy for a foreign body lodged in the air-passages. The patient was a girl, æt. 5, who, about a week previously, picked up a small body in the garden, which she put in her mouth, and, while running, swallowed. Violent spasmodic cough followed, which continued at intervals up to the time of the operation. The paroxysms resembled those of whooping cough—the inspiration being long and the expiration short, not croupy, and the cough loose. These paroxysms were very distressing and exhausting, though during the intervals he remained comparatively comfortable. Chloroform was administered, without any unusual effect, other than a marked lividity of the face. In proceeding with the operation, the veins over the trachea were found to be very numerous, and of large size. It was impossible wholly to avoid them, and as the bleeding was very free, it was necessary to wait for its partial cessation. The child began to fail rapidly, and the operation was at once completed, but life became extinct. Considerable mucus was forced out of the opening, and artificial respiration was kept up for a little time, but as the heart had entirely ceased to act, and there was no appearance of revival, it was given up. On passing

the finger through the opening in the trachea, a small body, resembling a kernel of coffee, was found lodged against the under surface of the vocal cords. Dr. Post regretted having used chloroform, as it did not seem to act well.

Dr. DETMOLD remarked that he had twice operated where there was free bleeding, and apparent death of the patient on opening the trachea, but both patients were restored by long continuance of artificial respiration.

Dr. BUCK had twice operated where there was apparent death—one of which proved fatal. One was a very desperate case; no ether was used; the patient was so far gone as not to resist the operation which was hastened in order to resort to artificial respiration, but it was of no avail. In the second case, suffocation threatened before the operation, and the respiration ceased before its completion, but by persisting in artificial respiration the patient was restored.

Dr. VON ROTH has operated three times where there was free hæmorrhage—all were fatal cases. He does not delay the operation on account of hæmorrhage; but always finds that it ceases on introducing the tube; nor does he fear the escape of blood into the trachea during this operation; it is readily discharged by cough.

Dr. BUCK stated that when obliged to hasten the operation, though free bleeding occurred, he was accustomed to seize the trachea with clawed forceps, and then incise it between the blades, thus he could maintain the edges of the wound in apposition until the tube was introduced which could be readily done.

Dr. BATCHELDER recommended the prone position of the body, to prevent blood escaping into the trachea. Drs. Post, Detmold, and Buck, dissented, believing that this position would increase the suffocation, and embarrass attempts to arrest the hæmorrhage.

Dr. BATCHELDER recommended laryngotomy in preference to tracheotomy, both in croup, and in cases of foreign bodies being lodged in the air-passages. He prefers laryngotomy because it is more easily performed, less liable to hæmorrhage, and does not in general require the insertion of a tube.

Dr. VON ROTH believed the employment of the tube necessary, for the muscles are liable to close over the wound, and thus interrupt respiration, and prevent the expectoration of mucus. But the tube cannot be used if the opening be made in the crico-thyroid space, and if inserted higher up, it will interfere with the vocal cords.

The opinion of the necessity of inserting a tube was concurred in by the members generally, and tracheotomy was preferred to laryngotomy.

Amputation for Caries.—Dr. DETMOLD mentioned two cases where he had amputated rather to give the patients an opportunity to get a living, than from an urgent necessity. Both had caries of the bones of the foot and leg, and one was past mid-life. They would, doubtless, have recovered, if they were of the better class of society, and could command the necessary means of comfort and support, but being destitute and diseased, they could neither earn a livelihood, or place themselves in circumstances, to recover health. It

was a question how far he would be sustained in such practice. He was satisfied, considering the age of the patients, their destitute condition, etc., that amputation was justifiable.

Puncture of the Bladder per Rectum.—Dr. DETMOLD has recently punctured the bladder twice, through the rectum, for retention from stricture. Many attempts had been made, in both cases, to pass an instrument through the urethra.

Cancer of Testicle.—Dr. DETMOLD has also recently removed a cancerous testicle; the disease originating from a blow three years before. He usually places a ligature around the entire cord before operating to prevent retraction of the vessels. In this case it did not prevent retraction of the artery, and he was obliged to enlarge the opening to reach it.

Phymosis.—Dr. DETMOLD mentioned a case of phymosis (congenital) in which the orifice had gradually contracted until it could be found with difficulty. There was considerable inflammation and swelling, but the prepuce was very thin, and free from ulceration. The contraction was probably due to the irritation of the urine.

Poisoning by Stramonium used as a Suppository.—Dr. WATSON related a case of poisoning with stramonium, used as a suppository. The patient, a female, was suffering severely from piles, which had resisted various applications. He directed that a mass of the extract of stramonium, of the size of a pea, be dissolved and used as an injection. Great relief followed the injection, but the patient soon began to talk foolishly, with pupils dilated. Two hours after she was quite irrational, picked the bed-clothes, saw bugs, etc. She had spasms of the muscles, and tossed about until there was fear of her becoming wearied out. Injections of soap and water were repeatedly given, with relief. On the following morning she was still delirious, and saw strange objects. She did not recover under three or four days, during which she had hallucinations. On inquiry, it was ascertained that about ten grains of the extract had been administered.

Dr. BATCHELDER suggested the use of opium to counteract the effects of the stramonium. He is accustomed to use winter-green (gaultheria procumbens) as an antidote to narcotic poisons. He learned its use from farmers, who give it to sheep when poisoned by laurel.

Oil of Hyosciamus in Prurigo.—Dr. DETMOLD has lately treated a very obstinate case of prurigo senilis with ol. of hyosciamus, with relief.

July 20, 1855.

Eruption following the External use of Atropine.—Dr. BROWN related a case in which he had used atropine, by having it rubbed into the eye-lids and dropped into the eye of a patient on whom he had operated for cataract. A scarlet rash appeared soon after, accompanied with delirium.

Dr. BATCHELDER has seen a rash follow the use of belladonna. He uses belladonna as a preventive of scarlatina, and has considerable faith in its power to render this disease mild, if not entirely to prevent its attacks.

Subsidence of Uterine Tumors.—Dr. BATCHELDER related the history of a case of subsidence of tumors connected with the uterine organs. The patient was aged 61. Catamenia ceased at 49; was married at 53; and had uterine hæmorrhage after coition. She had been subject several years to a discharge from the uterus. Two years since her husband died of cancer of the esophagus. Soon after her marriage the abdomen began to enlarge, as in pregnancy, but finally subsided. Two years since she first noticed a tumor in the lower part of the abdomen, on the right side. She suffered much from pain in the hip and back. On examination, a tumor, the size of the two fists, was discovered in the right, and another, of smaller dimensions, in the left side. On passing the finger into the vagina, a tumor was felt pressing down from above and very sensitive; the os uteri was open, and there was a sanious discharge without odor. The other tumors were also tender to the touch. The pain and bearing down were very distressing, and pressure externally upon the tumors caused a gush of fluid from the vagina. From the tenderness of the tumors he was led to regard them as not cancerous. They finally began to decline with a diminution of these severe symptoms, and are now small, comparatively, and but slightly tender. The discharge was examined with the microscope, which, on the first trial, revealed blood globules, epithelial cells, and a suspicious substance. At the second, there was the same appearances, except the suspicious material, while at the third, this latter was again detected. The patient is now up and quite comfortable.

Anomalous Abdominal Enlargement.—Dr. VON ROTH related the case of a healthy female, æt. 22, whose external appearances were those of pregnancy, advanced to the ninth month. She, however, denies ever having had sexual connection. The abdomen is large and fluctuating, and has been in this condition three or four years—there is no pain, nor has there been—catamenia ceased two years ago, and there is never any periodical return of symptoms. On examination by the vagina, the os and cervix uteri cannot be detected.

Dr. BATCHELDER thought there might exist a closure of the vagina high up—he has operated in such cases. Dr. Brown suggested that it might be a case of retention of the menses from occlusion of the os.

Dr. DETMOLD recollected a somewhat similar case in which he punctured at the most prominent point of the vaginal portion of the tumor, under the impression that it was a case of hydrometra. The patient subsequently died, and he found, on post mortem, that he had punctured an encysted ovarian tumor, which had crowded the uterus up beyond reach.

Prolapsus Uteri treated by union of Labia.—Dr. BROWN related a case of complete prolapsus uteri, in a widow, aged 40. It was successfully treated by thoroughly abrading the labia, and uniting them with the quill suture, except at the anterior and posterior extremities. The union was rapid and perfect, and the patient now walks about without the slightest inconvenience.

August 3, 1855.

Farther Report of Uterine Tumors.—Dr. Batchelder reported that his case of pelvic tumors steadily improved, and are now scarcely detected. There is but little pain; os soft and slightly tender. The sound passed $2\frac{3}{4}$ inches, showing that the uterus is not enlarged. He failed of finding any communication with the tumors. He has put her upon the use of thuya occidentalis, and finds that the discharge was increased. In another case, where he gave this remedy, a menstrual discharge followed in a few days, although the patient had just passed the usual menstrual period.

Dr. Batchelder reported a second case of uterine disease in a patient married seventeen years, who had one child, and an abortion fourteen years since. Four months ago she began to complain of pain in the back and hips, with bearing down. On examination, two tumors were detected, nearly filling the pelvis, and connected with the uterus. The os uteri was found under the pubes. The tumors were tender, and, on examination, by rectum, seemed to extend laterally in the course of the lateral ligaments. He did not think them ovarian—there seemed to be a retro-version of the uterus, with enlargement of its body.

Should the nerve of a Tooth be destroyed and the cavity re-filled?—Dr. Holcomb inquired as to the propriety of allowing the nerve of a tooth to be destroyed, and have the cavity filled. In his own case a bicusped tooth was filled after having the nerve destroyed with arsenic. For several months it gave no trouble, but it finally became tender, and matter formed in the gum. This occurs repeatedly.

Dr. Post remarked that such a tooth caused the death of Dr Bliss. He was seized with severe pain in the face, and matter finally formed and was discharged. The pain ceased in the face and returned in the peroneal branch of the sciatic nerve. It soon changed from this to the bladder and rectum, requiring large anodyne injections to relieve him. The pain ceasing in this part, he was seized with hiccup, of a peculiar heaving character. After this, the left testicle became the seat of pain. On its subsidence in this organ, he was attacked with vomiting, which prostrated him very much. This was relieved by chloroform, but he did not rally.

On examination, post mortem, the left lung was found adherent from an old pleurisy; there were evidences also of an old pericarditis; the prostate was enlarged and contained in the anterior part of the middle lobe a chronic abscess, of the size of an Isabella grape, there was also a small abscess in the posterior part. The basfond of the bladder was slightly red. Urine flaky, and contained pus; other organs healthy.

The origin of Dr. Bliss' disease, he believed to be in a decayed tooth. The order of these attacks of pain, pointed to the teeth as the first seat of difficulty. He had himself once suffered from acute neuralgic pains extending over the face, larynx, etc., which suddenly, and entirely, disappeared on having a decayed tooth extracted, which he accidentally discovered. Many similar cases are on record.

The habits of Dr. Bliss were such as to forbid the opinion that

his disease was gout. He was very temperate, and abstemious in his diet.

Cause of the Enlarged Prostate in old men.—Dr. Batchelder called attention to enlargement of the prostate in old people. He thinks it due more often to retention of urine than any other cause. Old people do not generally entirely empty the bladder in urinating, though they suppose they do. He has drawn off considerable quantities with the catheter after such patients have supposed the bladder entirely empty. The irritation of the water thus remaining gives rise to chronic enlargement of this organ. In introducing the catheter he endeavors, if there is obstruction, to tilt the apex of the prostate backward, by the position in which the patient is placed, and by pressure with the finger in the rectum. In this manner he often succeeds easily in introducing the instrument.

Fatal Perineal Section.—Dr. Post related a case of fatal perineal section. The patient was 30 years old, being much broken down from long suffering; the urine passed in drops; no instrument could be made to enter the bladder. He operated, and introduced a large catheter; at first there was great relief, but he finally had chills; tenderness of abdomen; pulse not rapid; peritonitis not marked; he died, but no autopsy was made. There was no infiltration. Stricture was two inches long, with no distention of urethra behind it; there was probably disease of the kidney. Perineal section has been practiced in the N. Y. Hospital since 1824, Dr. P. has found the tendency to contract in these cases, no greater than when dilatation is practiced, he never finds dilatation of the urethra behind the stricture. He has known men to beget offspring after an operation; he has known fatal cases of perineal section in the Hospital; one had an old abscess in the prostate which was not detected until after death. Another had been bedridden 10 months.

Boil on the Tongue.—Dr. Buck stated that he had recently a boil upon his tongue. He had been troubled for a year with several slight sores upon the tongue. About three weeks since he experienced a sensation in the tongue, as if it had been scalded; this continued to increase for three or four days, when he noticed a yellow appearance on the under surface of the tongue resembling an effusion of lymph, this spread and finally resulted in the separation of a distinct slough of the size of half a pea-nut, leaving a clean surface. There was but little suppuration, and no taste to the matter. He considered the disease a common boil, though quite novel in its situation.

Treatment of Ranula.—Dr. Buck also related a case of ranula, in order to raise the question of treatment of these cysts. The patient was a young lady, the growth being recent and of large size, situated upon the left side. He operated by cutting out a portion of the wall and filling the cavity with lint. The cavity is now closing rapidly, and there is promise of a complete recovery.

Dr. Detmold, regards this disease as frequently congenital, and such cases are most difficult of cure. He believes that the entire thickness of the walls of these cysts are not often removed by the operator.

Dislocation of Humerus, with Fracture.—Dr. Buck related a case of dislocation of the head of the humerus with fracture. The accident occurred in the practice of another physician who supposed he had reduced the dislocation. There was extensive ecchymosis of the middle third of the arm, and on examination the bone was found closely under the acromion, and the head high up in the axilla against the chest, and inside of the shaft. At first the head seemed to rotate with the shaft, but on farther examination the latter was found to move separately. He regards the ecchymosis in these cases as having considerable diagnostic value as respects fracture.

Several fractures in the same individual.—Dr. Buck saw recently a case of compound dislocation of the lower end of the ulna, backward, with fracture of the radius obliquely from before backward. The ulna was excised to keep it in place. There was also a fracture of the thigh upon one side, and fracture of the cervix femoris upon the other. On this side rotation of the limb was free, but slight crepitus was detected. The autopsy revealed a fracture of the neck close to the shaft, and also fracture of the trochanter.

Treatment of Moles.—Dr. Detmold made some remarks upon the treatment of moles. Several years since, he tried tattooing upon a child, where the mole covered the cheek, and side of the head. He also tried it upon his own arm. In the case of the child there seemed to be a slight impression, in his own case the discolorations have disappeared. On himself he used sulph. barytes, he now employs the oxide of zinc paint. He has tried nitric acid but the mole returned and the deeper the slough the quicker the return, owing to the great contraction. In the vascular nævus he uses the hot iron directly applied, after first smearing its surface with simple cerate which prevents the iron adhering.

Carbuncle of enormous size.—Dr. Detmold saw a patient recently aged 40 years, healthy, who came to town on Thursday with a small pimple, which on Saturday had rapidly developed a carbuncle. On Sunday the patient died, the carbuncle having the size of a soup-plate.

SECTION ON MIDWIFERY.

Regular Meeting, May 19, 1856. Dr. Isaac E. Taylor, *Chairman.*

(*Reported by* Dr. J. Lewis Smith, *Secretary.*)

Protracted Lactation.—Dr. Martin related the history of a case of protracted lactation occurring in a patient thirty-eight years of age. She is the mother of several children, the youngest three years old. This child was weaned at the age of nine months, when the catamenia re-appeared, but the secretion of milk continued and has not yet ceased. The quantity secreted amounts to two or three drachms daily.

Four months ago, at the time of menstruation, she was seized, in consequence, she believes, of exposure to cold, with pains in the loins and left iliac region. On the following day, Dr. Martin detected a

small tumor in the site of the left ovary, painful, and accompanied by febrile symptoms. Simple antiphlogistic measures proving ineffectual, cups were applied over the swelling, followed by an ointment of iodide of potassium and dentoide of mercury. Three days after the application of the cups, as she was crossing the floor, a profuse watery discharge occurred from the vagina, with relief of the pain and subsidence of the tumor. She felt exhausted, but, under tonic treatment, gradually improved, and in six weeks the menstrual function was re-established.

From this time her condition underwent little change till recently, but now the swelling has returned, accompanied by the same symptoms as were present at its first occurrence. The patient is nervous and anemic, and suffers much from despondency.

Dr. Martin expressed the opinion, that the tumor was ovarian, and that the discharge which relieved it at its first appearance came from the ovary.

Dr. Livingston remarked that he could not agree with Dr. Martin in reference to the source of the discharge. If it came from the ovary a longer period than three days would be required for its escape. In his view it was more reasonable to suppose the complaint mainly uterine, a discharge like that mentioned not unfrequently occurring from the uterine mucous surface, in a state of irritation.

Dr. Taylor said he did not regard the protracted lactation as a remarkable occurrence, for one of the results of uterine or ovarian disease is functional activity of the breasts. In regard to the condition of the uterus and ovaries in this patient, he thought it necessary to wait till a more thorough examination had been made before coming to any decision. There might be ovarian disease exciting secretion of the uterine mucous surface by sympathy. There might be simply relaxation of the mucous membrane, giving rise to the thin discharge, or some grave affection, as an epithelial cancer or cauliflower excrescence. If no organic disease were present, but simply a state of atony or relaxation, he should recommend the feruginous preparations. The citrate of manganese was also in such cases an invaluable preparation, as it acts upon the secretions of the liver and does not constipate.

Dr. White stated that he had been in the habit of using, in such cases, the syrup of the iodide of manganese.

Dr. Gardner agreed with Dr. Taylor, that the protracted lactation was probably due to disease of the utero-ovarian organs. He had frequently known such diseases give rise to a condition and appearance of the breast, such as are thought by many to occur only in pregnancy; for instance, the areola and enlarged follicles. The fact that the discharge in this case was profuse and sudden, did not show that it was not a secretion from the uterine surface. He had known the discharge to occur in a similar manner in dysmenorrhœa.

Rupture of the Uterus.—Dr. Martin then detailed the history of a recent case of ruptured uterus. He was requested to visit, in consultation, a patient who had been several hours in labor with her eleventh child. On arriving, he found her sinking; the pains which had been unusually severe had ceased; and the pulse was small and

frequent. The uterus was perfectly relaxed, and the head of the child, although brought low in the pelvis by the pains, had receded. The attending physician had bled her to the amount of ℥xx or ℥xxx, and had administered ʒi of pulverized ergot in two doses.

She died of syncope half an hour after the arrival of Dr. Martin, and, on examination, rupture of the uterus was discovered through the anterior aspect of the fundus.

Dr. TAYLOR remarked that it was an interesting fact, that after rupture of the uterus had occurred, ergot failed to produce contractions. He was called last winter, in consultation, to a case where the head was low, and no pains had occurred for six hours, although four doses of ergot had been administered. The pulse was quick; the external parts of the mother swollen, and, upon examination, the child readily receded, an occurrence which Dr. Taylor considered highly significant as diagnostic of rupture. A rupture had occurred, and the mother soon died. The interesting feature in the case was the fact, that the large quantity of ergot administered produced no appreciable effect.

Dr. GARDNER did not entirely agree with the remark of Dr. Taylor that we could predicate rupture with confidence from the ready recession of the presenting part, and cited a case to which he had been called, where the pains had ceased, the pulse was frequent and feeble, and the head of the child readily receded. On turning and producing contractions, a large quantity of blood escaped, showing that the feebleness and danger were due not to rupture but to internal hæmorrhage.

Dr. TAYLOR replied, that in his remarks he referred to the usual condition, where the membranes had been ruptured and there was no liquid, whether the amniotic or blood, in which the child could float. If no such liquid were present he believed recession to be diagnostic of rupture.

Are the Effects of Ergot in proportion to the Quantity given?—Dr. GARDNER asked the opinion of the Section, as to whether a drachm of good ergot would produce as powerful and persistent contractions as a larger quantity.

Dr. Taylor replied, that he should expect as decided effects from a drachm as from a larger amount. He thought there was much misunderstanding in reference to the power of this agent. For instance, some European accoucheurs had stated that ergot produced no decided action on the uterus in the early stages of gestation, and yet he had known dilatation of the os occur with pains, from its use, as early as the second or third month.

Irritable Excrescences of the Urethra.—Dr. WHITE narrated the case of a young lady, lately married, who was troubled with irritable excrescences growing about the urethra. Touching them, produced much pain, with spasm of the sphincter vaginæ. He had made ineffectual applications of nitrate of silver, and had attempted excision when she was under the influence of ether, but the anæsthetic produced foaming at the mouth, and such alarming symptoms, that he thought it best to desist. He has tried applications of oxide of zinc, and desic-

cation by the admission of air, but without material relief. The excrescences are small, some of them not larger than a pin's head. He had consulted Dr. Hossack, who informed him that he had found it necessary, in some instances, to remove a portion of the urethra, and Dr. Sims had removed the whole of it to the bladder for the same complaint.

Dr. TAYLOR remarked, that he thought pure acetic acid an excellent application to such excrescences, and also corrosive sublimate, in a formula like the following:

℞ Hyd. chlor. corros. } aa 3i.
Ammo. muriat. }
Spts. vin. gallici. ℥ss. ℿ

He had not been as successful with nitrate of silver, as with these substances.

Enlargement of the Mammary Gland of a Boy.—Dr. BLAKEMAN mentioned the case of a pale and cachetic boy, whose father died of phthisis. One of the mammary glands of this boy is enlarged, presenting a diameter of three or four inches, and a depth of two. He complains of its paining him, but it is not tender on pressure, nor is the skin over it discolored. The other breast presents the usual appearance. Applications of iodine were at first made, and then of the iodide of potassium ointment, but without benefit. Lately blisters have been used, apparently with some improvement.

Dr. HUBBARD advised, if ordinary measures failed, trial of compression by sponge.

Separation of the entire Cervix Uteri.—Dr. TAYLOR gave the history of an interesting case which lately came under his observation in the lying-in ward of Bellevue Hospital. A female began to have the premonitory pains of labor, on Tuesday, the 16th inst. On Saturday, when Dr. Taylor first saw her, it was fully dilated; the head presented in the first position, and regular labor pains occurred every twenty minutes. The posterior lip of the uterus felt ragged like the after-birth, and the pulsation of the fœtal heart could not be detected.

As the pulse of the mother numbered 120, the head of the child was large, and the membranes had been ruptured twenty-four hours; delivery was effected by the forceps. Expulsion of the placenta immediately followed, and then a slight fœtid discharge escaped with a fleshy mass which, on examination, proved to be circular, consisting of both anterior and posterior lips of the uterus. The diameter of the lips varied from half an inch to an inch, that of the inclosed space was three or four inches.

The specimen which was shown to the Section had been examined under the microscope, and its structure was fibrous. Dr. Taylor added, that cases of partial sloughing of the uterine neck are not rare, but he recollected having read of only one case in which the whole circumference sloughed off. It was remarkable, too, that the detachment occurred immediately after delivery of the child.

The patient, at present (16th), is doing well. The discharge this morning was natural, and the pulse stood at 108.

Conception following the administration of Guaiacum.—Dr. HUBBARD reported the case of a lady, whose catamenia had always been painful, and who, though married eight or ten years, had had no children. About nine months since he prescribed for her the vol. tinct. of guaiac. according to the formula of Dewees. She commenced taking this about three weeks before the menstrual period, and as the catamenia did not occur, suspicions were entertained of pregnancy, which were well founded, as she is now near her confinement. He had used the same agent in similar cases with success. Probably the pathological condition in these instances was that of neuralgia or rheumatism.

Dr. Taylor has also used guaiac. in cases like those mentioned, and had known conception to take place in consequence, after years of sterility.

SECTION ON MATERIA MEDICA.

REGULAR MEETING, MARCH 21, 1856. Dr. J. FOSTER, *Chairman.*

(*Reported by* Dr. E. H. JAMES, *Secretary.*)

Treatment of Rheumatism.—The chairman called the attention of the section to sodæ et pot. tart. in rheumatism, as a subject of discussion for the evening. He remarked that much has recently been said and written upon the employment of this salt in the treatment of acute rheumatism; and he wished those present to state the result of their experience in its use.

Dr. BENEDICT remarked that he had used the remedy in several instances. He is in the habit of prescribing from ʒj to ʒij twice a day, and within a week he generally finds the urine alkaline and the pain and swelling greatly relieved. He has however placed much reliance upon external anodyne and alkaline applications, as a solution of the sub. carb. potass with tinct. opii.

Drs. DAVIS and COOKE each related several cases in which they had prescribed the salts with the effect to render the urine alkaline, increase the perspiration, and relieve the pain; but most of the cases required some further treatment to complete the cure. Dr. DAVIS remarked that he would not use it indiscriminately, as other alkalies are often better tolerated by the stomach, and better adapted to many cases. Dr. FOSTER remarked that he had treated several cases during the past month. He related the particulars of one case in which the inflammation involved all the joints and muscles. He prescribed the salts in doses of ʒi every two hours for thirty hours, when he found the urine alkaline, and great relief afforded; the medicine was then given only twice in twenty-four hours, when the urine, perspiration, and saliva became extremely acid, and the pain and swelling returned with all their former severity. Upon resuming the treatment the same relief was afforded, but its continuation did not cure the disease. The patient was then improving upon chlorate of potash with boneset tea and lemonade.

The experience of those present, in the employment of this remedy, seemed to establish the fact that the sal. rochelle, when administered

in the early stages of acute rheumatism, has an admirable effect in rendering the urine alkaline, increasing perspiration, and relieving pain; but it cannot be relied upon as a certain remedy as it often disagrees with the stomach, sometimes purges, and, when well tolerated, seldom completes the cure.

Among other remedies mentioned, were potass. iod. lemon juice, cod-liver oil, and Dover's powder. Dr. Booraem treats the disease with bleeding, calomel followed by black draught, and afterwards lemon-juice, and Dover powder at night. Dr. Davis remarked that he had found the effect of Dover powders in rheumatism, much improved by preparing it himself, and substituting the nitrate for the sulphate of potash.

Dr. Cooke stated that in one instance when alkales failed to afford relief, he ordered one drop of the saturated tincture of aconite every half hour, until it produced its specific effect, after which a drop every two hours completed the cure.

Poisoning by Aconite.—Dr. Foster related a case in which an overdose of aconite had been taken by mistake which he treated successfully with gin, it being the only stimulant at hand. Dr. Davis remarked that he had treated these cases of poisoning successfully with brandy and elixir of opium.

Aconite in Irritability of Stomach.—Dr. Davis stated that he had seen the tinct. aconite administered in doses of one or two drops for the purpose of preventing irritability after surgical operations, and thought the success of some surgeons partly due to this treatment.

BELLEVUE HOSPITAL.

Messrs. Editors:—Agreeably to your request, I send you a report of surgical cases, treated at the hospital, with the history and treatment of a few of them. Although not of startling character, yet they are interesting, and serve to show the kind of cases we have at Bellevue, and may possibly interest many of your readers. C. D. Smith.

Report of the surgical cases in the first surgical division of Bellevue Hospital, during the months of April and May, 1856. By Chas. D. Smith, M.D., Visiting Surgeon.

Two hundred and thirty-four cases of surgical diseases have been under treatment in the wards of the first surgical division, during the two months just ended; of these 152 were males, and 82 females; 4 only have died.

The following is a list of some of the diseases for which the patients entered the hospital:—

Erysipelas, 16; Fractures, 16; Necrosis, 8; Caries, 4; Bursitis, 2; Burns, 2; Abscesses, 7; Contusions, 4; Sprains, 4; Wounds, 3; Stricture of Urethra, 2; Stricture of Rectum, 2; Acute Synovitis, 2; Chronic, do 7. The remainder were venereal diseases and their sequelæ; diseases of the eye; diseases of the skin; ulcers; and cases of minor surgery.

The diseases of those who died, were 2 from arachnitis, 1 from pneumonia with delirium tremens, 1 disease of the kidney and bladder.

The ulcers of which there are always a great variety at Bellevue, were of every character from the simple healthy ulcer, to the rapidly destroying phagedæna, mostly on the leg or thigh, and of a strumous or syphilitic origin. Upon several of these patients we tried opium internally, after the manner recommended by Mr. Skeys, of St. Bartholomews Hospital, London, and were pleased with its effect.—(*London Lancet, April*, 1855.)

Among the diseases of the eye were cases of iritis (syphilitic) purulent opthalmia, cataract (1 operation for by couching with success), several cases of diseases of the lids, such as entropion (cured by operation), lippitudo, trichiasis, and others. The greater part of the diseases were old cases of granular lids and vascular cornea, many of which were benefitted, but none permanently cured. They were in broken down drunkards, or in patients whose constitutions were seriously impaired by strumous diseases. The syphilitic occurred, generally in men, who had gone through every variety of treatment in the Dispensaries and other institutions of the city, and whose cases were of the most intractable form. Several, however, were relieved by the good air and diet of the Hospital, and the employment of the different preparations of iodine; many were sent to Blackwell's Island.

Two of the cases of erysipelas were of the simple cutaneous form. The remainder of the phlegmonous or cellulo-cutaneous kind, and of the worst character, spreading rapidly, with a tendency to unhealthy suppuration, and sloughing of the cellular tissue, the result of intemperance, improper food and bad air, and generally accompanying or following accidents. Free scarification and sometimes incisions were early resorted to, and always with marked benefit, taking care, however, that the patients did not lose too much blood by the operation. It invariably relieved the pain by unloading the distended vessels, and also prevented the extension of the sloughing; quinine, mur. tinc. iron, opium, and a good diet produced the best effects, and every case was cured. Fomentations of the warm lotion of opium and sugar of lead, as a local application answered the purpose better than anything else. In two or three instances Dr. Pope, the House Surgeon, made use of the following ointment with good effect:—℞ Chloroform, Goulard's extract, aa ʒj, simp. cerate ʒj. ℳ.

Case.—A young woman, of good appearance and apparently good condition, came into the Hospital for erysipelas of face and neck. Before she was entirely cured of it, it was discovered accidentally that she had a leucorrheal discharge from the vagina, and that the inner surface of the labia was greatly excoriated, also that a small ulcer existed near the anus. Attention was immediately given to it, and a poultice of flax-seed applied. The next day it had increased to three times its size, and was spreading rapidly. The discharge from it was profuse, of a sanious character, and exceedingly offensive. The sore was excavated with ragged and uneven edges, red and undermined, and very painful, presenting all the signs of sloughing phagedæna. The next

day it occupied a space on both sides of the nates *seven* to *eight inches in diameter*, not only attacking and destroying the skin, but also the cellular tissue below to a considerable depth. The patient was exceedingly debilitated, and could hardly move or speak, with a pulse and other symptoms indicating irritative fever. The sore resisted, at first, every application, until strong nitric acid was applied freely, (the patient under ether) which had the effect of arresting its progress at once. Another touch with the acid, together with poultices wet with Labarraque's solution, separated and detached the slough, and left the ulcer healthy underneath, and soon it began to fill up with abundant and florid granulations, healing rapidly. This treatment, with a plentiful supply of porter, and appropriate doses of opium, soon effected a cure.

Fractures.—We have had under treatment sixteen cases of fractures, as follows:—one of lower jaw; one of clavicle; one of humerus at its surgical neck; one both bones of forearm; one at wrist (Barton's fracture); one meta-carpal bone of little finger in a man (produced by falling from the third story of a house, in a state of intoxication, and without any other injury); one of cervix femoris; three of thigh; three of both bones of leg (one compound); two of fibula, with compound dislocation of ankle; and one of ribs. These cases have done, or are doing, well, without deformity, and with little or no shortening, except one case of simple transverse fracture of leg in lower third, in a bad subject, which does not unite, although the ends of the broken bones have been kept in good position in a fracture-box for five weeks. We are about to employ the starch bandage in this case, and are in hopes that, with perfect *rest*, good nutritious food, and good air, our patient may become in a better condition, which, undoubtedly, is the cause of the non-union.

Compound Dislocation of Ankle with fractured fibula.—Case.—Catharine Conley, married, æt. 42; born in Ireland; domestic; admitted May 21, 1856. Had been intemperate in her habits, but has always had good health until three months ago, when she had an attack of facial erysipelas, which lasted a month. During convalescence, as she was crossing the street, she fell, and, on attempting to rise, found that her leg was broken. A doctor was sent for, who applied some liniment. Nothing else was done. Three weeks after, she came into the hospital, when, on examination, it was found that there had been a fracture of the fibula in its lower third, which was partially united at a very awkward angle, also a compound dislocation of the ankle joint, with openings on either side, nearly over the malleoli. There was phlegmonous erysipelas of the leg two-thirds of the way up to the knee, and the sub-tegumentary tissue subsequently sloughed, so that the finger, when introduced into the openings at the side of the limb, could be passed underneath the skin as far as it could reach.

Treatment.—Free incisions through the skin (about one and a-half inches apart), from about four inches below the knee to the ankle. The leg was placed on the double inclined plane, and yeast poultice

applied. Four days after admittance, the erysipelas had subsided, and the ulcers had assumed a healthy aspect.

June 6. The ulcers are granulating, and the limb is kept in position by means of bandages and adhesive strips on the double inclined plane. Healthy granulations have covered the end of tibia, and there is a fair prospect of having a useful limb, but with deformity.

The three cases of fractured thighs were treated with the long straight splint, counter-extending bands in perineum, and extension made by strips of adhesive plaster, so often described.

Case.—John ——, æt. 8; born in New York; admitted April 17, 1856. Constitution good. Twenty-six hours previous to admission, he fell from the top of a building, forty feet high. At the time of admission he was suffering from concussion of the brain, with a simple fracture of left femur, and a lacerated wound of his nose and lower lips, and, with a puffy tumor of forehead, and œdema of eye-lids, so that the condition of the iris could not be determined. The fractured limb was placed on an inclined plane and cold lotions to head. As there was retention of urine, the catheter was introduced, and injections were used in order to obtain a stool. In three days the symptoms of concussion passed off, and the patient began to be restless, and labored under symptoms of irritation of brain. A moderate antiphlogistic course, with small doses of hyosciamus was resorted to, and in three days more he was relieved of these symptoms.

April 25. The fracture was put up in a starch bandage, there being no inflammation, nor had there been any from the first, but, in consequence of a tendency to shorten, the limb was put up in a straight splint, with extension and counter-extension, in which it remained three weeks. When taken down there was union and shortening of about one-quarter of an inch. Discharged cured.

Necrosis.—There were several cases of necrosis. In one case, that of a young man, we removed a portion of the shaft of the radius which was in a state of necrosis. The wound healed up kindly by granulations without impairment of the motions of arm or fingers; but there is at present the same condition of the ulna, which we fear will lead to a similar operation on that bone. The cause of the disease appeared to be syphilitic, although there is no other manifestation of that malady existing in his system.

Diseases of the Joints.—Case.—Pierce Dunn; æt. 36; born in Ireland; a laborer by occupation; admitted November 19, 1855, with disease of knee-joint, and an abscess above the joint, which was opened and discharged a quantity of fœtid pus. The patient says the trouble commenced July 23, 1852, from a nail being forced into his thigh. He worked for some time following without any great inconvenience, what pain there was, was during the early part of the morning.

About twelve months after, there was some trouble about the joint, for which he came into the hospital. It was treated on straight splint with counter-irritation,—under this course there was considerable

alleviation of the disease, and the patient was transferred to Blackwell's Island, where he remained a few days.

He again came to the hospital November 19, with the joint in a very bad condition, and, under consultation, it was decided to remove the limb, which operation we performed November 24. Considerable constitutional disturbance following it, the wound closing very gradually, with fistulous tracts through which, after a term of two months, a probe could be easily passed to dead bone. This state of things continued for four months, when his health beginning to suffer, we decided to cut down and remove the necrosed bone, which was done May 28, removing a cylindrical sequestrum about six inches in length. The patient is doing well.

Case. — Henry Ward; single; æt. 27; born in New York; a brush-maker by trade; admitted April 21, 1856. Has always been intemperate in his habits; constitution is otherwise good. He denies ever having had syphilis, and does not now present any secondary accident.

About nine years ago, while in a room, he was stabbed in the right thigh with a sword, which entered about the middle of the line of junction of the posterior and internal aspect of the thigh, behind the bone and emerged on the outer aspect of the limb. Ever since this he has lost sensation along the outer border of the leg from the knee down, and in the whole of the foot, except the inner side, just around the maleoli of the tibia. About eighteen months after receiving this wound, his heel was injured by a nail in his boot; an ulcer was the consequence, which rendered necessary the exsection of a portion of the os calcis, which was performed in St. Vincent's Hospital, by Dr. Van Buren. The ulcer healed imperfectly, returning upon slight provocation. About three months ago, from no assignable cause, an ulcer appeared on the outer edge of the right foot, just over the metatarsal bone of the little toe. When he came into the hospital, the 5th, metatarsal was exposed about one-third of its extent. It was decided to remove it, which was done, April 26th, 1856. During the operation, though no anesthetic was used, yet the loss of sensation in the part was so great, that the patient did dot feel the least pain. The day following, however, when inflammation had supervened, he complained of pain about the wound, which continued as long as the acute inflammation lasted, when it subsided. Profuse fœtid suppuration followed which was not connected with any constitutional disturbance. The wound gradually took on a more healthy aspect under the use of sol. sodæ. chlor. The granulations, being weak and flabby, were dressed with a wash of sulph. cupri; they became firm and healthy, and the wound rapidly healed. The sword, in passing through the thigh, divided or wounded, it is supposed, the peroneal nerve.

Caries of Vertebræ.—Bridget O'Neil; single; æt. 24; Ireland; domestic, admitted March 30th, 1855. Has always enjoyed good health up to July, 1854, when she was under treatment, in the New York Hospital, for intermittent fever and rheumatism. She remained in the hospital for three months. A few days after leaving she noticed that she could not hold her head up without supporting it with her hands. There

was also great dysphagia, so that she could not take any solid food. There was also cephalalgia, and loss of motion and sensation in the upper extremities. These symptoms continued up to the time of her admittance into the hospital, when it was found that there was caries of the fourth and fifth cervical vertebræ.

Treatment.—Counter-irritation with blisters, the recumbent posture, and tonics, were ordered, with no improvement. An alterative course of potass. iodid. was then tried, with no better results, and, in July, 1855, two setons were put in the neck, above and below the curvature, and the tonic course continued. Under this she gradually rallied, and can now hold her head and neck nearly erect, and has the full use of all her limbs.

Synovitis.—Patrick Langton; single; æt. 24; born in Ireland; a laborer by occupation; admitted February 14, 1856. Constitution, good; habits, temperate.

About two years ago, no injury having been received, he noticed that, upon any extraordinary effort, there would be a sharp, sticking pain in the left knee, and the joint would give way under him. These symptoms continued for six months, when there began to be effusion, and the motion of the part somewhat restrained. The disease continued to progress slowly, until about eighteen months from its outset, when there was considerable swelling, with a sore point on the outer side of the condyle of the femur. He was, however, still able to go about, and take care of himself, until, about three days before he came to the hospital, he was kicked by a horse on the diseased part. Great aggravation of the previous symptom followed the injury, and he was brought to the hospital. The treatment was, at first, rest and counter-irritation; the application of compressed sponge and tight bandages was employed for a period of two weeks, when Dr. Sayre, concluding from the symptoms that the joint contained pus, determined to evacuate it. An opening accordingly was made, and a large quantity of a thick, brownish material, was discharged, with considerable relief to the patient. Since the operation, however, very free suppuration from the joint has been established, with considerable œdema of the thigh, which, about two weeks ago, had the appearance of cellulitis. The patient, under the free use of tonics, stimulants, and generous diet, has been enabled to keep his ground, and the discharge has lost, in some degree, its fœtid character, and the œdema of the thigh subsided in a great degree. Hot weather, and the continued discharge, had the effect to prostrate the patient greatly. Profuse sweatings, great restlessness, and a small, rapid pulse, with total loss of appetite, indicated his precarious condition. Amputation, the only alternative, did not hold out to him much hope of ultimate recovery. He, however, consenting, and the surgeons approving, we accordingly removed the thigh, June 3rd, by the flap operation. The œdema was very considerable, and the limb large and heavy; the flaps were so firm and unyielding (nearly consolidated), as to make it almost impossible to press them back, to saw the bone, which was accomplished with the greatest difficulty. As we anticipated, there was trouble in controlling the femoral artery. The tourniquet, in consequence of the

œdema, was of no service whatever, and compression by fingers hardly answered the purpose. The thigh was very vascular, requiring fifteen ligatures The patient was allowed to remain one hour and a half undisturbed, after the operation, to let the serum ooze away from the flaps, which it did abundantly, reducing its size very much. The next twenty-four hours, the patient was very feeble indeed, blanched and almost pulseless, but by a plentiful supply of brandy, beef-tea, and quinia, he rallied, and has been improving rapidly every day, and is now, six days after the operation, in a very favorable condition: the stump is also going on well.

Stricture of Urethra.—John Toole, æt. 40; a native of Ireland; married; temperate; admitted April 28, 1856. Has had gonorrhœa seven or eight times, between the ages of seventeen and twenty-one. Used injections not of a painful kind, and not commenced early in the attacks. The attacks lasted from one to two months.

Eight years after the last attack, he first experienced difficulty in passing his urine, when the introduction of a catheter became necessary. The attack was acute and following exposure to cold. The difficulty has continued ever since with greater or less severity.

When admitted (April. 28th), five strictures were found; the first just within the meatus, the last in the membranous portion of the urethra. Micturition was very frequent and painful, and there was a constant dribbling of urine. Prostate not notably enlarged. The introduction of instruments, quite painful. The last stricture was impermeable to the finest flexible or steel bougies. Warm baths, opium suppositories, and leeches to the perineum, and every other day introduction attempted. All the strictures yielded readily, except the last which was overcome by a No. 3 steel bougie having been introduced into the bladder, after first engaging a fine flexible one in the stricture. The dilatation is going on favorably.

Report of Cases occurring in the Medical Wards of Bellevue Hospital. By Samuel C. Pointer, M.D., House Physician.

Case 1.—*Spinal Meningitis.*—Mary Bennett, a married woman, 24 years of age, was admitted to Bellevue Hospital on the 4th October, 1855, during the service of Dr. Alonzo Clark. She had borne four healthy children, and had generally been in good health. Fifteen months previous to her admission, she was attacked by pneumonia, which so prostrated the powers of life that she had not regained her former strength. No hereditary tendencies traceable. Two months subsequent to this illness, while pregnant, she received a severe shock by falling down stairs, was put to bed, and, in three days, delivered of a dead child, by forceps, whilst under the influence of chloroform. At the end of a month, she was able to walk about, and five weeks subsequently changed her flannel for lighter clothing, and went to washing. This brought on bronchitis, which, after lasting some time, became complicated by intermittent fever. After several weeks, she recovered sufficiently to go into the street, when every object appeared to revolve

around her, on going home immediately she felt dizzy and sick, and went to bed. An anodyne was administered producing sleep, but, on waking, she felt considerable pain in the præcordial region which lasted a week. During this time the patient was able to walk after first being placed in an upright position, but was unable to rise without assistance. There was pain in the spinal region, and inability to lie on the back, the most pleasant posture being on the side. At the expiration of another month, she again walked into the street, but soon returned much fatigued. The next morning, whilst stooping down to light a fire, she fell over on the floor, and was not able to rise; she was then placed in bed, when it was found that all her limbs were paralyzed, except the right arm, which became powerless two days afterwards. It did not appear very clear from the patient's statement whether she lost consciousness or not at the time of falling on the floor. About this time the catamenia ceased. After three weeks treatment outside, without benefit, she entered the hospital in the most pitiable condition, being extremely emaciated and completely unnerved.

On the 4th October, the day of her admission the patient lay in bed on her side, with the thighs flexed on the pelvis, and the legs strongly bent on the thighs, her arms were wasted and powerless, and the hands drooped as in lead palsy, and her hips looked as though there would soon be extensive bed sores. There was no power over any of the limbs; the woman being able only to shrug her shoulders. There was constant pain in the arms and also in the legs, any attempt to straighten them causing her to cry out loudly. There was not much tenderness on pressure over the spine. Her bowels had not been moved in three weeks. A dose of castor oil was administered, producing copious evacuations, and then 2 gr. blue pil. ter die, with good diet.

Oct. 6. The patient complained of great pain in the shoulders and numbness of the legs. After the application of a dozen dry cups to the side of the spine the pain in the shoulders was relieved and she sat up for the first time during her illness.

7. She could move the right leg a little, and thought that the pain was less acute. The blue pill was continued; her appetite good and bowels regular. P.M. She moved both legs slightly; half doz. dry cups ordered to the spine, and an anodyne at night.

8. The patient passed a restless night, from severe pain in the legs. She was ordered soap liniment with long continued friction.

9. The pain was not so severe and she could move the leg better.

10. The legs were stronger than on the day previous.

11. She was still improving.

12. The mouth was a little sore and the mercurial discontinued.

13. The gums were very sore, for which a gargle of tanic acid and creosote was given. The soap liniment and strong friction was also continued.

14. The gums were still sore, and the patient's condition steadily improving. Strychnine was now ordered in doses of $\frac{1}{32}$ gr. three times daily.

15. The mouth was a little better, her general condition improving; and the use of the legs more rapidly returning.

17. Her gums were better.

21. The mouth was nearly well. The dose of strychnine was increased to $\frac{1}{24}$ gr. The patient yet complained of great pain in all the long bones. Her arms had not improved much and were almost as useless as at first.

30. She had recovered partially the use of the fore arms and hands, and her legs were improving. Her bowels were regular and appetite good, the treatment was continued.

The patient gradually improved, her strength increased; she began to get fat, and could use both the legs and arms much better up to the 28th Nov., no change having been made in the treatment. At that time $\frac{1}{16}$ gr. bi-chloride of mercury was administered three times a day. The improvement was steady up to the 7th Dec., when the corrosive sublimate was abandoned, and the strychnine treatment renewed the medicine now being given in doses of $\frac{1}{16}$ gr. three times in 24 hours. The ammonio citrate of iron was also given in a bitter infusion with a view to its tonic effects.

Dec. 8. For the first time she stood on her feet. Treatment continued.

19. The menstrual flow reappeared and continued two days. Treatment unchanged.

Jan. 12. She could walk across the yard.

14. Walked better and with less fatigue.

March. 9. The treatment had been persevered in, and patient had grown fat, and hearty; could use her arms tolerably, and walk well on a level, but could not go up and down stairs. The extensor muscles of the legs and arms were still weak, and her hands and feet fell when not supported.

15. The extensors of the hand had regained their lost power, her menses were regular; the soreness and pains in the limbs had disappeared, and she was rapidly improving. No change was made in the treatment.

April 5. She could ascend or descend the stairs easily; had recovered entirely the use of her legs, arms, and hands, except the thumbs, which were still feeble. Her appetite was good, and all the functions performed in a healthy manner.

Case 2.—Double Pneumonia Simulating Pleurisy with Effusion.—James Mooney, an Irishman, 30 years of age, a hatter by trade, was admitted to Bellevue Hospital on the 20th May, 1856, during the services of Dr. MacCready, when the following history was recorded: The patient's mother died of phthisis; he was a moderate drinker and generally very healthy; the only sickness he remembered was an attack of rheumatism five years before his admission. Ten days before entering the hospital, after getting his feet wet when working in a damp cellar, he had a chill, followed by a hot fever, sharp pain in the left side, aggravated by a full inspiration, and a dry cough. The decubitus was at the back at first, but afterwards towards the right side. His strength was prostrated at once; his bowels loose, and appetite poor. On the second or third day there was a rust-colored sputa expectorated. Up to the time of his admission the disease had

been left to wrestle with nature, no treatment having been adopted. The following is the result of the first physical examination of the patient on the 20th May :—

The man was of medium stature but powerfully built; having brown hair and a florid complexion. His chest was well formed and of great depth. There was slight præcordial bulging.

Anteriorly.—The left side did not expand well on inspiration. The intercostal spaces were as prominent as the ribs. On percussion over the left subclavian region, there was amphoric resonance, termed by some who heard it, "cracked pot sound;" below that point there was absolute dullness; absence of voice, sound and vocal vibration. In the subclavian region the vocal resonance was increased, and vocal vibration natural. On auscultation, over the upper part of the lung, there was no pure vesicular breathing, but only a blowing respiration approximating bronchial breathing. Over the dull region there was perfect silence. On the right side the percussion sounds were normal and respiration puerile. The heart's apex was located under the sternum, posteriorly. On the left side, there was complete dullness over the lower three-fourths of the lung; absence of respiratory sounds of any kind; vocal resonance and vocal vibration beginning abruptly where the dullness commenced; also, just at the line of dullness on *auscultation*, there was heard a species of ægophony. Over the upper fourth of the lung there was nearly natural resonance, but the breathing was bronchial. Over the lower three-fourths, the intercostal spaces were prominent as in front. On the right side, on percussion, the resonance was natural to the very base of the lung. Over the upper part, the breathing was the same as in front on the same side; but at the base there was a coarse crepitus in inspiration without bronchial breathing or increased resonance of voice or vocal vibration.

His sputa was rust-colored, but more deeply tinged with blood than usual in uncomplicated pneumonia. His pulse was considerably accelerated; skin hot and dry; tongue covered with a dry coat, and his bowels loose, having had four or five evacuations during the last twenty-four hours. His urine was scanty and high-colored, but, on examination, was found free from albumen.

Diagnosis—Pleurisy, with effusion, on the left side. Pneumonia at the base of the right lung, and, possibly, slight tubercular complication.

The treatment consisted of an opiate enema to stop the exhausting diarrhœa; tartarized antimony in small doses and a diuretic; at the same time a blister was applied to the left side.

On making the evening visit, his skin was moist; his pulse less frequent; and his urine increased in quantity. The diarrhœa had also ceased, and he thought himself better. He spent a restless night; the next morning the pulse was feeble and more frequent. No change in the physical signs; dose of the tartarized antimony diminished. On the morning of the 23rd, his condition was somewhat improved, his fever having abated and tongue cleaned, after passing a tolerably comfortable night. Ipecac was then substituted for the

tartar emetic, otherwise the treatment was unchanged. Physical signs unchanged, except, perhaps, a slight increase of the dullness towarks the apex of the lung. At night, 10 grs. of pulv. Doveri were given, but the patient was restless, slept but little, and the next morning was decidedly worse. There was a frequent and feeble pulse, great dyspnœa, and anxious countenance. The dullness on percussion over the apex of the left lung had extended upwards considerably, the crepitus at the right base was not so marked as before, but there were no other changes in the physical signs.

Blood-root, squills, carb. of ammonia, and gin were now given, but the powers of the system were evidently failing, and he grew worse. At the next examination, the dullness had increased still more on the left side; the right side presented exactly the same signs as on the day previous; the expectoration appeared to be at least half blood, and the pulse was feebler. The amount of carb. of ammonia was increased. He gradually sank and died exhausted on the morning of the 27th May. Although he was examined carefully once a day, and often twice, the nature of the case was still considered the same as when he first entered the institution. The last two days of his life the dullness extended on the left side to the clavicle, and posteriorly almost to the apex, but, with this exception, the physical signs remained unchanged, and a few hours before death, after examining the base of the right lung, there was no other physical sign detected but the same coarse crepitus before noticed.

Sectio Cadaveris eighteen hours post mortem.—On opening the chest the left lung seemed rather to project from the chest than to collapse, it was universally adherent to the costal pleura, and not one drop of fluid in the pleural sac. The whole lung, except about an inch of the apex, was in the third stage of pneumonia, denominated grey hepatization: it was soft and easily penetrated by the finger and sunk in water. No evidences of tubercles could be found, and the bronchial tubes, on being opened to the third and fourth divisions, presented no obstacle to the entrance of air, nor were there any fibrinous casts in the smaller divisions of those tubes. The bronchial mucous membrane was intensely red and injected.

The right lung was only partially adherent to the chest wall, and, on being removed, exhibited the red hepatization of the whole lower lobe of the second stage of pneumonia; the middle lobe was much congested and deep red in color, while the upper did not obviously deviate from the healthy condition. The heart was slightly displaced towards the right side, but was healthy; the kidneys were pale and flabby, and, when examined under the microscope, were found to have undergone fatty degeneration to some extent. The liver was normal.

This is one of those rare cases of pneumonia, described by Walsh in his book on diseases of the chest, which violate the established rules of diagnosis, and thus lead the practitioner into error. It will be observed, that the heart was not greatly displaced, and ought possibly to have had more weight in deciding against the existence of effusion than was granted it, but the complete dullness, the absence of vocal resonance and vocal vibration, and, lastly, the existence of intercostal

bulging, decided in favor of effusion; and when subsequent examination showed that over the dull region there was absolute silence; that though the dullness slowly mounted upwards, there was no crepitation, and that the voice sounds and thrill disappeared suddenly at the line of dullness, the diagnosis was confirmed. Dr. Walsh attributes the absence of the usual signs of pneumonia in such cases to the fact, that the lung being so extensively diseased and completely solidified, that the air tubes are compressed, and thus the entrance of air entirely prevented. The same author also explains, very ingeniously, the existence of tympanitic resonance over the upper part of the lung, anteriorly, and over a portion of hepatized lung, which lies between the finger and a distended stomach, by the increased power of conduction acquired by the lung.

PART SECOND.

CRITICAL ANALYSIS.

ART. IX.—*Essay on Cholera Infantum, for which the prize of the New York Academy of Medicine, was awarded, March* 5, 1856. By JAMES STEWART, M.D., Author of "A Practical Treatise on Diseases of Children."

IT is still an impression, we believe, with some European writers, that the disease known here as cholera infantum has no real existence, but is a fiction, or a mistake of half-educated American brains. Would that it were so, for we could well afford to dispense with some more desirable possessions, if we could be rid of a malady which destroys annually, so many thousands of our offspring, and with which every practitioner, especially in our large seaboard cities, is only too painfully familiar. Yet it is scarcely surprising that the impression alluded to, should have prevailed, for we believe that, up to the present time, although, of course, constantly alluded to in American Journals, and in treatises upon the practice of Medicine, and the diseases of children, it has never before been made the subject of a systematic monograph. It was well done, therefore, on the part of the Academy of Medicine, to stimulate competition, by the offer of a prize, for the best essay on this subject, and it must be a source of gratification to its members, that the successful competitor should have been one of its own body.

The author of the essay before us is already distinguished as a writer upon infantile pathology, his work upon the "Diseases of Children" published some years since, having been regarded at the time of its publication as one of the best (if not the very best,) treatises upon that subject in existence. The present production will add to his fame. It has, it seems to us, invested a dry, and somewhat repulsive subject with a high degree of interest. We do not like it the less for the circumstance that it is almost wholly the result of the author's own reflection and experience. Indeed, it was almost necessarily so. The literature of this affection is singularly scanty. The medical journals for fifty years, furnish the record of but thirty or thirty-five, post mortems. But Dr. Stewart has collated and analyzed these, and has given us in addition, the results of his own observations. The result of all autopsies in these cases has been uniform. Setting aside effusions and congestions in the brain, and other organs, which are to be regarded as accidental complications, it is shown that the seat of

the disease is in the mucous follicles of the intestines, and in the liver. In every recorded case, the mucous membrane of the intestines was found "inflamed with mucous exudation, congested or ulcerated." In nearly every one the liver was found "congested, enlarged, or altered either in color or texture." Two lithographs, exhibiting the appearances of the enlarged and ulcerated follicles, accompany this essay.

Having, in the first portion of his essay pointed out with remarkable clearness the agencies which combine to produce this affection, viz.: heat and excessive humidity of the atmosphere, the malaria of crowded places, the period of life, and inappropriate food, the author proceeds to show the connection which logically exists between these causes and the actual results, as evinced by the changes of structure above referred to. This line of investigation, applicable to all diseases in a greater or less degree, but especially to those whose cause can be indicated with so much certainty and precision as has here been done in regard to cholera infantum, is, we fear, too much neglected. Having ascertained the anatomical lesions produced by a given disease, and traced their connection with the symptoms during life, writers have often contented themselves with a brief and sometimes purely hypothetical statement of causes. Yet how much of the success of treatment depends upon a proper appreciation and just application of these.

In this respect we consider Dr. Stewart's essay as peculiarly instructive and valuable. We shall not attempt to give so much as an outline of his argument, for we could not do it justice within the narrow limits at our disposal. The work must be read as a whole, for there is no portion of it that has not a direct and close relation to some other portion. But there is one point upon which, we are glad to observe, the author lays especial stress, and in regard to which we shall endeavor to convey some notion of his views, as they have an important bearing upon the management, not only of this, but of all other diseases of childhood.

The causes which predispose to disease in adult life are also, for the most part, operative in infancy. But there is then an additional element to be taken into the account. In the system of the adult, nature has to provide for sustenance, and for reparation. Nutrition must be afforded to all living parts, and waste must be supplied. In the infant not only has this to be done, but provision must also be made for growth. All the organs are in a process of development. Hence, an immensely increased liability to disease, and a vastly increased danger of fatal terminations. Hence, also, the necessity for corresponding modifications of treatment in infantile diseases.

Now, cholera infantum is a disease which is confined to the period of the first dentition; and the same period is marked in the organism by the rapid growth and development of the mucous follicles of the intestines. Changes occur, indeed, in all the organs connected with nutrition; but this is, perhaps, the most marked of their changes. Hence, from the necessity of the case, children, at this period, are predisposed to disease of these organs; a slight exaltation of the healthy capillary activity which accompanies the development-process being enough to constitute disease.

Illustrations of the same law are found in the other affections of childhood.

"The effect of growth," says Dr. Stewart, "shows itself in the violence of inflammatory diseases as connected with the exalted state of interstitial nutrition, so characteristically rapid at an early period of life. At one time it is exhibited, as we have seen, in a peculiar exudation from the blood, abounding in fibrin, as in croup; again, in the morbid action connected with the changes in the cerebral organ; at another time, in the succession of diseased action of the different parts of the glandular system; and in the disease now under investigation, in the morbid development of the mucous follicles during the period of second infancy."—(p. 33.)

We have no space to follow Dr. Stewart, as we should like to do, through his description of the symptoms of cholera infantum, which are portrayed with faithful, but not tedious, minuteness, even to the transient shades of expression upon the patient's countenance, but shall give an extract or two, having reference to treatment. After some exceedingly judicious directions in regard to prophylactic means, we are glad to find the following, which expresses our own feeling in regard to those starchy compounds upon which children are so often starved to death:—

"Diet is a very important subject both in the prevention and management of the disease. One of the greatest evils in its treatment is the use of vegetable food, either of a farinaceous or starchy nature. The last mentioned, so often given in the form of arrow-root, on account of its soft mucilaginous consistency, is especially objectionable. All vegetable substances are unsuited to young infants; but those of an amylaceous nature being altogether insoluble, are with difficulty absorbed, and when the mucous membrane is diseased, scarcely ever are, but pass as foreign substances quite through the bowels, and may be detected in the discharges by iodine, the usual test for starch. Farinaceous articles are very likely to become acid, and excessively so in this disease. *We regard all such articles for food in early infancy as highly pernicious, whether the child be sick or well.*"

As a principal article of diet in this disease the author recommends gelatine, either alone or combined, with milk. From its perfect solubility, there is no doubt that it passes into the circulation before it reaches the diseased part. The eagerness with which the little patients seize upon animal substances and suck their juices, and the benefit which they derive from them, is referred to, and illustrates well the advantage of following the natural instincts in these cases. "In some form," says the author, "animal substances are necessary in every stage."

"When the disease is fully formed, mercury becomes indispensable in its management, and the best form is calomel. It should not be given in large purging doses, which only irritate the mucous membrane, while it passes off without producing any other effect than increasing the secretion which it is our object to restrain. From the twelfth to the eighth of a grain should be administered every two, four, or six

hours, intimately combined with some inert substance, as fine sugar. Medicines, it is well known, will often act with more efficiency when minutely divided; and calomel in this disease will be found to be far more effective in producing its specific action when carefully divided by being rubbed and well mixed with the purest sugar. The combination should be reduced to the finest impalpable state, and in this condition made into syrup, with water. Calomel is especially useful in the first stage of the disease, at a late period, when the evacuations have become excessive, and inflammation, and ulceration exist, it will pass with the evacuations, and produce no effects upon the liver."

The portion of the essay which relates to treatment occupies nearly sixteen out of the fifty-four pages, and is full of the soundest and most practical teaching. We see in it the fruits of a large experience guided by skillful judgment, and conscientiously minute observation. The whole essay, in short, has struck us as the production of one who is entirely master of his subject, and who has not yet exhausted the resources which he possesses for its illustration. S. C. F.

BIBLIOGRAPHICAL NOTICES.

ART. X.—*New Elements of Operative Surgery.* By ALF. A. L. M. VELPEAU. Carefully revised, entirely re-modeled, and augmented with a Treatise on Minor Surgery. Illustrated by over two hundred engravings, incorporated with the Text; accompanied with an Atlas, in quarto, of twenty-two Plates, representing the principal operative processes, surgical instruments, etc. Translated with additions by P. S. TOWNSEND, M.D., under the supervision of, and with Notes and Observations by, VALENTINE MOTT, M D. Fourth edition, with additions by GEORGE C. BLACKMAN, M.D. In three volumes. New York: S. S. & W. Wood, 389 Broadway. 1856.

THE present edition of this work is an improvement upon its predecessors. The hand of revision is principally seen in the second volume, while to the third we have added an American appendix of 134 pages. Of the additions which Dr. Blackman has made to the text, we shall not speak farther than to say that they are judicious, and are designed to bring the literature of each subject down to the present time. The editor exhibits that extensive and critical knowledge of the progress of surgery which has always characterized his writings, and which peculiarly fitted him for the task of revising a work of such literary research as these Elements of Velpeau.

The American Appendix added to the third volume embraces a large number of subjects which could not be inserted in the body of the work. This portion adds much to the value of the fourth edition, by rendering it complete in its historical details of operations to the present time. This great work is too well known to American surgeons to require any commendation from us. We may add, that not the least important addition to the present edition is a copious index.

ART. XI.—*Clinical Lecture on Paralysis, Disease of the Brain, and other Affections of the Nervous System.* By ROBERT BENTLEY TODD, M.D., F.R.S., Physician to King's College Hospital. Philadelphia: Lindsay & Blakiston. 1855. pp. 311.

THERE is no class of diseases more perplexing, both in their correct diagnosis and treatment, than those of the nervous system. But little understood as regards their proximate causes, they have been less understood as regards their therapeutics. A rational pathology, to which the microscope has largely contributed, has, however, revealed many of the subtle lesions of this system, and disclosed the real nature of these hitherto obscure affections.

The work of Dr. Todd, which embraces the most recent investigations of the diseases of the nervous system, is admirably adapted to the wants of the practitioner. As a student of this class of affections, the author has an enviable reputation. The work is written in the easy, familiar style of lectures, and every subject is abundantly illustrated by well-reported clinical cases.

ART. XII.—*On Some Diseases of Women admitting of Surgical Treatment.* By ISAAC BAKER BROWN, F.R.C.S., Surgeon-Accoucher to St. Mary's Hospital, etc. Illustrated by twenty-four wood engravings. Philadelphia: Blanchard & Lea. 1856. 8vo., pp. 276.

THE diseases of women here alluded to, as admitting of surgical treatment, are the accidents of parturition, as ruptured perineum; prolapse of the vagina, fistulæ, etc.; polypus of the uterus; calculus of the bladder; diseases of the rectum and ovaries, etc. For the successful treatment of these various affections, Mr. Brown has gained considerable reputation, and this work gives us the results of his experience. We shall briefly notice some of his views.

Laceration of Perineum.—Twenty-four cases of this affection, with the operations practiced, are given in detail. Of this number, twenty-one were primiparæ, while the average age was 28. Mr. Brown recommends an *immediate* operation, after Diefferbach, who was the first surgeon in Germany to give special attention to this accident. He advises division of the sphincter ani, a proceeding not previously noticed by writers, but, which Prof. PARKER, of this city, had already practiced. The sphincter is divided upon each side, a quarter of an inch in front of its attachments to the os coccygis. The quilled suture is to be used.

Prolapse of the Vagina.—To remedy this disease, whether the anterior or posterior wall be involved, Mr. Brown produces a contraction of the vagina by removing a portion of mucous membrane upon either side, an inch and a quarter long, and three-quarters of an inch broad, just within the labia, and then uniting the edges of the wound. In addition to this, he prolongs the perineum by uniting the opposed labial surfaces for a certain distance. The operation seems to have afforded the most satisfactory results.

Prolapse of the Uterus.—Mr. Brown objects to the use of pessaries in the treatment of this condition of the womb, and relies upon a form of perineal bandage which he has invented.

Vesico-Vaginal Fistula.—After giving a history of the different methods of operating in these cases, the author notices the operation of Dr. Sims of this city, but without doing it that credit which it merits. The absolute certainty of this operation, when properly performed, places it above all cavil or criticism.

Stone in the Female Bladder.—Mr. Brown prefers dilatation of the urethra, to all other methods of extracting calculi from the female bladder. He adds, "Lithotomy in the female, as it was formerly performed, is an operation which should be utterly discarded from practice."

Ovarian Dropsy.—The largest portion of this work is devoted to encysted dropsy of the ovary. The author first gives the history and pathology of those tumors. The subject of diagnosis engages his especial attention, and he very properly devotes to it considerable space. The errors committed by the best surgeons in the diagnosis of these growths show plainly the difficulty attending a correct appreciation of their signs and symptoms. The treatment of ovarian dropsy is also discussed at length, and all the various methods are passed in review.

ART. XIII.—*The Practitioner's Pharmacopœia and Universal Formulary*: Containing 2000 classified prescriptions, selected from the practice of the most eminent British and Foreign medical authorities, with an abstract of the three British Pharmacopœias, and much other useful information for the Practitioner and Student. By JOHN FOOT, M.R.C.S., Lond. With corrections and additions by an American Physician. New York: S. S. & W. Wood, 1855, pp. 390.

THIS is a useful work of its class, and will serve a good purpose to the practitioner. The first portion contains a summary of accidents, to which the physician may be hastily called, with the methods of treatment, and also the proper antidotes to the various poisons. The formulæ which compose the body of the work, are selected from well-known authorities, and directions are given for their employment.

ART. XIV.—*The Principles and Practice of Ophthalmic Medicine and Surgery.* By T. WHARTON JONES, F.R.S. With one hundred and ten illustrations. Second American Edition, with additions, from the Second and Revised London Edition. Philadelphia: Blanchard & Lea, 1856.

THIS Manual of Ophthalmic Surgery is widely circulated in this country, and is very generally approved. The Second Edition has been carefully revised by the author, and is brought up to the present state of knowledge in this department of medicine.

ART. XV.—*A Manual of Clinical Medicine, Physical Diagnosis.* By T. H. TANNER, M.D. To which is added the Code of Ethics of the American Medical Association. Philadelphia: Blanchard & Lea, 1855. pp. 252.

THE student in the practical study of disease, and not unfrequently the practitioner, discovers signs and symptoms which he cannot appreciate. However much he may interrogate them, no satisfactory answer is returned. In his perplexity he often finds the clue to the latent disease in some simple suggestion. The work of Dr. Tanner abounds with such suggestions, and is an invaluable guide to the clinical student and general practitioner. The directions given in the first chapter for the investigation of diseases in general are explicit, and deserve the careful attention of the student. The second chapter contains a description of the various instruments employed in the diagnosis of disease, and the manner of using them. Chapter third, treats of disease, its nature, cause, diagnosis, prognosis, and treatment; chapter fourth, of the circumstances which modify it; chapter fifth, of its signs, symptoms, etc. The subsequent chapters complete the history of disease, by giving with exactness the diagnostic value of the signs and symptoms of individual diseases.

ART. XVI.—*Headaches, their Causes and their Cure.* By HENRY G. WRIGHT, M.D. New York: S. S. & W. Wood, 389 Broadway, 1856. pp. 140.

THIS is a book of small pretensions, and little merit. It contains nothing but what may be found far more intelligibly written in works on practice. We are always partial to well-prepared monographs, but such essays as this do not meet our approbation.

ART. XVII.—*A Memorial of the Life and Character of* JOHN W. FRANCIS, Jr. New York, 1855.

THIS memorial is a graceful tribute to the memory of a young man of high promise in our profession, who was stricken down by the ruthless hand of death, just as he was about to enter upon its active duties. The son of one of our oldest and most esteemed physicians, of an ardent temperament, and partaking largely of those traits of character which have raised his father to professional distinction, Mr. Francis seemed destined to take a high rank in the profession of his choice. But it has been mysteriously ordered otherwise. He fell a victim to typhus, at the early age of 22, during the session of the University Medical College, which was to complete his course of study. The disease was contracted while in attendance upon a patient suffering from fever, and proved fatal on the fourteenth day.

The memoir is written by a warm friend of the deceased, Mr. Henry T. Tuckerman, a name well known in literature, and a sufficient guaranty of its appropriateness and literary finish. To this is appended obituary notices, proceedings of Societies, and letters of condolence from friends. The work is prefaced by a striking likeness of the subject of the memoir, and its typography and binding are in the best style of the art.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

PRACTICAL MEDICINE.

On Jugular Venesection in Asphyxia, Anatomically and Experimentally considered. By JOHN STRUTHERS, of Edinburgh.—The object of Dr. Struthers' paper, which was illustrated by preparations and drawings of the valves in the cervical veins of the human subject, was to ascertain whether distention of the right side of the heart could be relieved by opening the external jugular vein in the human subject. The experiments of Drs. John Reid, Cormack, and Lonsdale, had satisfactorily shown that, in the lower animals, (dogs, cats, and rabbits,) the right side of the heart could be thus disgorged so as to restore its action, which had been arrested by a simple mechanical cause, over distention. He considered that the indication of restoring the heart's action by jugular regurgitation, had not received that attention which Dr. Reid's suggestion demanded for it. Dr. Struthers described the anatomy of the valves which he found in the cervical veins, as well as those usually alluded to as present in the external jugular. A pair of valves at or within the mouth of the internal jugular vein; a pair in the subclavian vein immediately external to the point of union with the external jugular; a pair at or within the mouth of the external jugular; a second pair in the course of the external jugular, at the upper end of its sinus, or large portion, about 1½ inch above the clavicle, and various lesser valves at the mouths or within the tributaries of the external jugular. The varieties, and relative position of the two portions of each pair of valves was described, as he had found them in numerous careful examinations. With the view of ascertaining whether regurgitation could take place notwithstanding these valves, Dr. S. performed a serious of experiments on the dead subject. A pipe was fixed in the femoral vein, and tepid water thrown freely upwards. The general result was, that the external and other jugular veins very soon became distended, and that when the lancet opening was made, at about an inch above the clavicle, the fluid regurgitated freely. At first a jet came, emptying the distended sinus, and then it continued to flow, never in a jet, but in an active stream across the neck, escaping by the wound with a wriggling motion, evidently due to the obstruction offered by the valve which it had overcome. Care was taken to ascertain that the fluid came by regurgitation, not from above; but, if allowed, it also came from above, having ascended by the internal

jugular. The introduction of a probe, so as to hold aside the guardian valve of the external jugular did not much accelerate the regurgitating flow. When the catheter was introduced, however, the fluid came very freely by it—as freely as from a distended bladder. It is easy to introduce a common male catheter to the vena cava or right auricle, by directing it backwards and inwards, as well downwards, from the point of venesection. But as soon as the catheter has entered the subclavian vein, the fluid comes as freely as when it is pushed farther. As soon as the point of the catheter is withdrawn in the external jugular, the fluid ceases to come by it. In one subject the fluid could not be made to regurgitate. This was at the time attributed to the circumstance that the cranium had been opened for the removal of the brain, the fluid pouring out by the cranial sinuses; but, on dissection, two pairs of valves were found in the external jugular below the lancet opening, besides the pairs above it, as usual. Regurgitation seems to be prevented by two pairs of valves, though one pair may be overcome. In these experiments the veins of the arm did not become distended, and no regurgitation took place from a lancet-opening in the axillary vein, although afterwards it was seen that only two pairs of valves had stood in the way, between the heart and the opening. By "pair," Dr. S. meant the two separate portions which act together as one valve. He (Dr. S.) drew the following conclusions:—1. No venesection can be of an use in asphyxia, except in the neck, on the principle of regurgitation; which, however, may also relieve congestion of the head. 2. That, besides warmth and friction, and (the most simple and effectual of all means) continued artificial respiration by alternate compression and relaxation of the sides of the chest, jugular venesection should be tried. 3. With reference to Dr. M. Hall's recent recommendation of the prone position, to prevent the tongue falling back and closing the glottis, the question occurred—Does the tongue fall back, under passive circumstances, in the supine position? Is not the closing of the superior glottis, under all circumstances, a muscular act—both the carrying down and back of the tongue and epiglottis, and the lifting upwards and forwards of the larynx? The mouth, however, should be cleared of frothy mucus. 4. That to obviate the evident risk of entrance of air into the veins, the wound should be closed as soon as regurgitation is about to cease, and artificial respiration be then commenced; the jugular venesection having been performed as early as possible.—*Edinburgh Medical Journal.*

On the Efficacy of Small Doses of Morphia in Chronic and Spasmodic Bronchitis. By Edward Smith, M.D., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.—It is not the purpose of this communication to open up the whole subject of the pathology of the diseases referred to, but only to state so much as may justify the plan of treatment now recommended. If, however, anything further were desirable, I would name in support of this position:—1. The origin of the attack in sudden atmospheric changes, not necessarily in the direction of cold, but as we have lately expe-

rienced, the sudden removal of intense cold. 2. The rapidity of the outset and the suddenness of the subsidence in many instances. 3. The benefits resulting from the narcotic plan of treatment. 4. The great diminution of vesicular murmur in various large sections of the lungs, depending probably upon spasm of the muscular fibres of the bronchial tubes, and not upon effusion into the air cells. Upon these I shall not dwell.

The treatment then, which I commend in such cases is, that of the exhibition of morphia conjoined with attention to the liver and bowels, and atmospheric conditions. I never commenced in an adult with more than the $\frac{1}{16}$th of a grain repeated three or six times a day, and in most cases that dose suffices for the speedy relief of both the cough and the dyspnœa. Sometimes I increase it to $\frac{1}{12}$th of a grain, but scarcely ever to a degree beyond that; and I believe that larger doses would fail by the disturbance which they would create in the sensorium and the action of the bowels. The $\frac{1}{16}$th of a grain most rarely gives any uncomfortable sensation, on its frequent and constant repetition, but by the lapse of time the value of its influence is commonly lessened.

The class of cases in which I have tested its value to the uttermost, are those, accompanied by dyspnœa of the most severe kind, whether permanent, or in violent paroxysms at intervals, and where, at the same time, there has been marked sensations of tightness across the chest. Where the latter has existed we have been accustomed to regard narcotics as unsuitable, by arresting the secretion, and so popular is the belief that tightness of the chest is increased by lessening the secretion, that on a few occasions over-wise patients have attributed the continuance of the former to the occurrence of the latter, and thereby had prejudiced themselves against the treatment. It cannot be denied that the tightness is commonly relieved when the secretion is increased, but it does not follow that the one depended on the other. It is rather probable that both depended upon a common cause, by the solution of which both have been relieved. It is, however, certain that tightness is also relieved when the secretion is little, or has become less, so that there is no necessary connection between large or increasing secretion, and removal of the sense of tightness. This is a point of moment, since it must decide the plan of treatment. I have, therefore, selected several of our worst cases of chronic spasmodic bronchitis, and have marked their progress, so that I might, from time to time, note the results, and in most instances, the results has been highly satisfactory. In no case has the tightness really become greater, and in none has the treatment led to evil results. As a rule, both the cough and the breathing have been relieved together; but in many instances the dyspnœa is the last phenomenon to be influenced by it. Often-times in such cases, I have used the croton oil liniment to the chest with the best results to the patient's comfort; but the relief thus obtained, is, I believe, to be explained upon the principle now laid down, rather than upon any subsidence of supposed inflammatory action.

In summing up the benefits which I have found to flow from the treatment, by saying that they are great, I would not be understood

to mean that a cure is thereby effected in these cases, or that in the most severe forms of the disease, the remedy has alone always sufficed to give the degree of relief which was desirable. I only claim for it, that in all the ordinary forms of the attack, it will give speedy relief; and when used alone, will commonly suffice to remove the attack, and that if it fail in any degree in the severest forms, it must always be borne in mind, that it is one thing for the attack to subside by exhaustion from time, with or without the use of remedies, and another for it to be cut short by the employment of this or similiar agents. In both instances the disease is removed, but in the latter only is credit due to remedies.—*Edin. Med. Jour.*

On Simple Ulcer of the Stomach. By M. Cruveilhier.—M. Cruveilhier has recently presented two papers to the Académie des Sciences upon this subject, and the following are the general conclusions:—1. There exists a disease of the stomach that may be anatomically characterized as simple ulcer of the stomach, usually chronic. 2. This lesion, which is far more common than is usually supposed, differs from cancerous ulcer, with which it is generally confounded, in its curability. 3. It is susceptible of complete cicatrization, this being accomplished by means of a very firm fibrous tissue, differing essentially from scirrhus, with which it has been confounded. 4. When the ulcer penetrates through the whole of the coats of the stomach, the loss of substance is repaired by surrounding organs, which also sometimes participate in the ulceration. 5. Danger may continue even after the cure of the ulcer, as the cicatrix often becomes the seat of consecutive ulceration with all its attendant accidents. 6. It is one of the most frequent causes of blackish vomiting and dejections, and the most frequent one of hæmorrhage of the stomach, whether accompanied by hæmatemesis or not. 7. Simple ulcer is the most frequent cause of perforation of the stomach. 8. The two principal accidents are hæmorrhage and perforation, which take place more commonly consecutively, *i. e.*, by the erosion of the cicatrix than primarily, or during the period of formation of the ulcer. 9. This ulcer, or ulcerative gastritis, may be always suspected, and almost always positively diagnosed. 10. It is distinguished from idiopathic gastralgia by the permanence of the symptoms it gives rise to, although these have alternations of exasperation and remission. Gastralgia is only temporary, comes and goes suddenly, leaving no traces of its presence, and may be suddenly relieved by opiates. 11. It is distinguished from non-ulcerative gastritis and gastralgia by black vomits and stools. It is very probable, however, that simple ulcer may exist without these discharges, and then its diagnosis from gastritis would be difficult. These black discharges are not characteristic of cancer, and, to some extent are more inherent to simple ulcer than to it, for they belong to all periods of simple ulcer, of which they constitute the first symptom, while cancerous ulcer is not attended with them until the last stage, and sometimes not at all. 12. The distinctions between simple and cancerous ulcer are founded

on, first, the physical signs, there being no tumor in the former; and, on the pain which is often absent in cancer but never in ulcer. The pain in the latter is like that of an open wound or burn, opposite the xyphoid appendix, striking through to the spine. In cancer there are cramps or spasmodic contractions, with induration of the stomach. 13. The true touchstone is the effect of alimentary regimen, which completely fails in cancer, but succeeds surprisingly in ulcer. 14. The great object in treating the disease is to find an aliment that is tolerated by the stomach without pain, for then the cure may soon be effected. In the immense majority of cases, milk diet induces improvement from the very first day, and sometimes operates like magic, but when it ceases to be agreeable to the patient, or fatigue the stomach, we must unite it with other substances, in the choice of which the instincts of the stomach must be consulted. Alimentary regimen, in fact, constitutes the entire treatment, but nothing can be more difficult than the direction of this, according to the quanity, quality, repetition, preparation, and temperature. 16. Medicinal substances, whether general or topical, are quite secondary in importance. Iron and bitters are quite contra-indicated; and opium only succeeds when gastralgia is associated with the inflammatory action. Gaseous water, ice, alkalis, and especially phosphate of lime prepared by the calcination of bone, alkaline and gelatinous baths, cold ablution of the entire surface, (in some cases very hot ablutions,) cold baths, and, in some cases, very hot sitting baths, stimulant frictions, and shampooing of the entire surface, derivatives or revulsives applied to the epigastrium—are the means which have seemed to exert most influence on the progress of the disease. 16. It must never be forgotten, that this ulcer is very liable to relapse, such relapse sometimes going on to hæmorrhage or perforation. Such relapse may certainly be prevented by a good alimentary hygiene, and avoiding medicinal stimuli.—*Comptes Rendus, and Med. Times and Gaz.*

On Puerperal Fever in the Fœtus and Infant. By M. Lorain.—During a long *internat* at the *Maternité*, M. Lorain was struck with the great mortality observed among infants when puerperal fever prevailed. In the fœtus, peritonitis was the only form it assumed; but in new-born infants, although peritonitis was still the most common form by far, yet he has also observed erysipelas or umbilical phlebitis accompanying it, or meningitis, pleuritis, multiple abscess, etc. When both mother and child succumb, the lesions are not always identical; the one sometimes laboring under meningitis and the other under peritonitis, or the reverse. In the infants the peritonitis runs a rapid course, not lasting more than three or four days, and is always fatal, most dying before their tenth day, and in the adynamic form much sooner. Besides the necroscopic signs proper to peritonitis, the spleen is found remarkably enlarged, sometimes to double its normal size; but of all the concomitant lesions those of the umbilical system are the most important. When a febrile condition is present, as soon as an infected state of the economy is developed, the umbilicus pre-

sents a similar state to that of a stump after amputation—the surface becoming foul and grey, and refusing to heal. The vessels participate, their coagula becoming softened. This condition of the umbilicus is not regarded by M. Lorain as the cause of the peritonitis, any more than is uterine phlebitis the cause of puerperal fever, for in many cases the peritonitis is unpreceded by omphalitis. For its origin we must go back to a more general cause, the nature of which is as yet unknown. Observation has shown, that, of a given number of infants thus affected, about one-half the mothers become also the subjects of puerperal fever, so that when the child is attacked the mother is menaced, and *vice versa.* So, too, a woman who has been delivered of a fœtus dead of peritonitis, is in danger of the fever.—*Gaz. des Hôp. and Med. Times and Gaz.*

Prolonged Apparent Death of an Infant. By M. Bouchut.—M. Bouchut refers to a case recently related by Dr. Maschka. An infant was seen by him twenty-three hours after birth, having lain at an open window, after every means for its resuscitation had been tried in vain. He found its surface cold and blue, but as no cadaveric rigidity was present, he applied the stethoscope, and heard at long intervals feeble, but quite distinct, pulsations, which were, however, quite unaccompanied by any impulse or intercostal motion. Attempts at restoration were again renewed, but in vain, the beats getting feebler and feebler until they ceased. Examination showed that the lungs had not breathed.

M. Bouchut calls attention to the importance of applying auscultation for the purpose of ascertaining whether life exists, and of persevering in our efforts when any sound can be heard. The stethoscope may have to be kept applied even for five minutes. As to the absence of respiration when the heart had so long continued to beat, several analogous cases are on record. Legally such a child is considered as born dead and cannot succeed; but in the present condition of science legal life and physiological life are not the same. The law was laid down when auscultation was unknown, and while legal life remains as it was, physiological life had changed its conditions of appreciation. Apparent death succeeding to birth, and characterized by the absence of respiration and the presence of beating of the heart, is only a diseased condition of the new-born child; and whether it is cured of this or dies, it is living, though it has not respired. By taking away its rights of succession, the law punishes it for a malady.—*Gaz. des Hôp. and Med. Times and Gaz.*

On the Pulse of Infants. By MM. Seux and Roger.—M. Seux, Physician to the *Charité* at Marseilles, has recently made a series of examinations of the pulse in forty infants, from the period of directly after birth to two months, and compared the results with those derivable from the examination of thirty-five others made by a colleague. He tabulated these combined results, and draws the following conclusions:—1. The pulse of infants may vary when in a state of

health and quietude, from 80 to 164; but in more than half the examples it ranged from 120 to 140; then came from 140 to 160, 100 to 120; then above 160, and lastly below 100. 2. It is generally regular, but sometimes several quicker pulsations are felt in succession, and sometimes several slower. 3. The sex, constitution, salubrity of residence, or time of year, exerted no influence. 4. The pulse was observed to be more frequent during the first few hours after birth, but from after a day to two months there was no difference attributable to age. 5. The hour of the day exerted no effect. 6. The pulse was somewhat quickened during and for about a quarter of an hour after suckling. 7. Sleep, or waking, calmness or agitation, were attended with marked differences. During sleep the pulse was less frequent, becoming somewhat quicker when the child waked quietly, and still more so when it was agitated and cried. Thus the pulse might be at 104 during the first of these conditions, and at 120 and 134 during the second and third. 8. A sudden impression or effort increased the pulse 20 or 25 beats or more.

M. Roger, reporting on the paper, observes that these conclusions are for the most part conformable with those deduced by other observers. Thus, the increase of frequency of the pulse during waking efforts, sucking, etc., has already been noted and insisted upon in relation to the diagnosis of fever in infants. On the other hand, these observations do not confirm the statement made by Knox and Guy, that there is a slight increase of frequency in the mornings; nor that made by Guy and Valleix, that the pulse is somewhat quicker in females. Valleix found the influence of sex prevalent, even among young children; but Trousseau only found it operating after two months, and M. Roger's own observations lead to the same conclusion. M. Seux's investigations, however, confirm all previous ones in the fact of the physiological frequency of the infant's pulse, and the great amount of oscillation that may take place consistently with health. The limits of this oscillation, however, become less and less as the child grows older. While the pulse of the new-born infant may range from 76 to 208, it contracts to between 80 and 120 during early infancy, and to between 70 and 110 in second infancy. In spite of this amount of oscillation, and although the high figure 150 and the low one 70 be compatible with health, we must remember that the ordinary figure varies from 100 to 120; and we may state generally that there is at least presumption of disease when the pulse, examined during repose, mounts up to and is maintained for some time at 140 or 150; and there will be certainty on this point if this figure be observed in a child in whom it had been observed to be less Especially is this deduction to be drawn when such frequency is accompanied with an increase of temperature—a point to which M. Roger attaches great importance. On the other hand, a notable diminution below the mean leads to the fear of cerebral affections, especially meningitis. A very rapid pulse in infants, even when continued, does not lead to so unfavorable a prognosis as in the adult; for, while the life of an adult, when the pulse has exceeded 150 for several days, may be usually considered as highly endangered, the pulse of the infant may

rise to and be maintained at a very high figure, and yet recovery take place.—*L' Union Méd. and Med. Times and Gaz.*

Conclusions on Antimonial Poisoning. By B. W. Richardson, M.D.—1. That antimony, both as regards the symptoms it induces, and the pathological results arising from its administration, excites effects in the dog identical with those which it excites in man; and that experiments on dogs thus afford a fair basis of comparative research.

2. That the skin, peritoneum, cellular tissue, lungs, all absorb antimony in its soluble form with as much certainty as the stomach; and that, whether introduced by any of these channels, or by direct transfusion into the blood through the veins, the diffusion of the poison is equally complete, and its effects specifically the same. (Absolute.)

3. That, after any such mode of introduction, antimony may be detected in the vomited and purged matters, in the stomach and in the contents of the stomach, in the intestines and their contents, and in the lungs, liver, kidneys, blood, urine, heart, and even in serum infused into cavities, if such be present. (Absolute.)

4. That, consequently, the detection of antimony in vomited or purged matters, in the stomach or the contents of the stomach, or in the intestines or in their contents, can no longer be considered as any judicial scientific proof that the poison was introduced into the system by the alimentary canal at any part, as has been assumed. (Absolute.)

5. That antimony being absorbed with great rapidity wherever introduced, the point of surface at which it is taken into the system may afford slighter indication of the presence of the poison than any other parts of the organism: *ergo*, that the point of introduction can never be proved by mere chemical analysis. (Absolute.)

6. That antimony applied locally, so as to admit of being rapidly absorbed, seems to excite but little amount of local injury, although it exerts marked local effects when brought by the blood to any surface for elimination: *ergo*, that the appearance of intense redness or inflammation in the stomach or other part of the alimentary canal, in supposed cases of death from antimony, is no scientific proof, nor yet indirect evidence, that the poison was received into the system by this canal. (Absolute)

7. That the symptoms of poisoning by antimony by large doses are, as a general rule, those of vomiting, purging, and rapid collapse; and that the same symptoms, somewhat modified in their course, result from small doses repeated frequently during a prolonged period.

8. That to this rule exceptions occur: to wit, that antimony, when thrown into the system in a large dose, and in such a way as to prevent its digestion, as by direct injection into the veins, may destroy the muscular power so suddenly that the symptoms of vomiting and purging may not present themselves. And, again, that when introduced very slowly, as by application to a small wound, it may also destroy by producing simple exhaustion, without the specific symptoms of purgation or vomiting.

9. That in all forms of antimonial poisoning, death occurs mainly

from failure of the circulation; the respirations being continued after the cessation of the heart's beat.

10. That the pathological appearances incident to antimonial poisoning are—(*a*) general congestion; (*b*) marked fluidity of the blood; (*c*) intense vascularity of the stomach in the course of the greater curvature, and, in some cases, of the rectum and other parts of the canal, but without ulceration; (*d*) a peculiarly pale yellow or occasional dark glairy secretion on the alimentary surface. Lastly, and contrary to the statements of Magendie, antimony seems to excite no other pulmonary lesion than simple congestion.

11. That the election of antimony by different parts of the body is as yet an open question; that the liver, however, would appear to be the structure in which it is most collected when the administration is slow and in small doses; and that the elimination of the poison is attempted by all the secreting surfaces.

12. That, in rapid poisoning, the fatal effect seems due to direct chemical change in the blood, and to indirect effect therefrom on the heart; while, in slow poisoning, there is superadded an interference with the assimilative powers, the result of the lesions excited in the stomach and other parts of the alimentary canal.—*Association Med. Jour.*

Santonin as an Anthelmintic. By GEORGE G. PERRY.—Among the first cases treated, was that of a child of two years of age, to whom I gave three grains of santonin, followed in two hours by an aperient powder; this child voided the next morning, at one time, thirty-seven worms, some of them a foot in length, of the lumbricoid ascaris kind. Two children in another family were similarly treated, and between forty and fifty worms came from each; again, in a family of four, one hundred and twenty-four worms at one time, and many more afterwards, followed the aperient, each child having taken one dose of santonin. I could instance many more cases which have been relieved by this medicine. After the expulsion of the worms, I give a tonic mixture, containing the muriated tincture of iron and muriatic acid, and change the diet from a vegetable one to that of meat and bread. My cases all do very well.

I should state that santonin is a medicine that may be administered with perfect safety. I give it in its crystallized form, between bread and butter, and two hours after it a dose of calomel and jalap; in some cases an interval of twenty-four hours occurs before the worms are vomited.

Brown Ulceration of the cornea resembling the presence of a foreign body.—Affections of the cornea should always be regarded with interest, as the sense of sight is more frequently impaired by the spoiling of this part of the eye than of any other. We are induced to record the following case on account of its rarity, rather than from anything we can say about its pathology. But the narrative of it as a fact may draw attention to similar instances, and our ophthalmic stock of knowledge so receive addition.

A delicate female, aged 31, had what she termed "inflammation in her eye," just five weeks before she applied to Mr. Walton. An examination showed a central opacity of the cornea large enough to cover the pupil, and below it a large superficial ulcer, uniformly of a dark brown color. The previous treatment having consisted entirely of blistering and purging, and no lotion having been employed, there was necessarily no metallic deposit or stain on the ulcer. Mr. Walton was at once struck with the peculiarity, and expecting that there might be prolapse of the iris consequent on a penetrating ulcer of the cornea (called by the shocking name, "myocephalon"), or hernia of the posterior elastic lamina, he looked for such causes. These evidently did not exist; and so great a resemblance did it bear to the presence of a foreign body, that he thought it requisite to attempt the removal, but only under the influence of chloroform, as great delicacy was required, as well as steadiness on the part of the patient, lest the cornea should be broken through. The attempt was fruitless, as not a particle could be detached. The color was not due to any extraneous substance.

A tonic was prescribed, and an opiate lotion as pain was a leading feature, and there was decided improvement in all the subjective symptoms; but the ulceration and the color remained the same. After a few visits, the patient ceased her attendance.

Mr. Walton had not seen a parallel case, but he said that this reminded him of brown opacities of the cornea, without ulceration, that he had met with in a man who occasionally visits the Hospital, the chief points of which have been mentioned in one of the Medical periodicals. He attempted to scrape off the opacity, but when the epithelium was removed, the color was no less, showing that the anterior elastic lamina, if not the true corneal tissue, was affected. The epithelium was examined with the microscope; some of the scales contained pigment granules.—*Med. Times and Gaz.*

Remarkable Deposit of Lymph on both Retinæ. Importance of a careful Examination.—A youth well grown, and whose general health appeared excellent, was sent to Mr. Walton on account of loss of sight, supposed to be produced by a blow on the back of the head, some months ago.

Except that the pupils, which were of medium size, were motionless, the eye-ball seemed natural. The irides were not pushed forwards, and the anterior chambers were large. With the right eye nothing could be discovered. With the left, light could be distinguished from darkness.

The blow on the head, not a severe one, was produced by a small bough of a tree that fell on him. About a week after, the sight of the right eye began to fail (hence the blow was supposed to be the cause) and gradually, to get worse, the only accompanying subjective symptom being flashes of light. The left soon followed the same course. There was no palpable objective symptom.

The usual routine of salivation and cupping had been most rigorously employed. As the patient had brought a special recommendation to Mr. Walton, he desired to be able at least to arrive at a cor-

rect diagnosis, and directed the pupils to be dilated for a further examination. On the next visit they were fully dilated, and greyish-white deposits were seen at the backs of the eyeballs, apparently spread over the entire surface of the retina By concentrated light this was more evident; and red vessels, moreover, could be discovered in several directions. It was hoped that the opthalmoscope might give a better definition; but the objects were rendered less apparent and seemed displaced, looking as if they occupied the pupils. This was supposed to be due to the crystalline lenses being absent, a supposition that was not verified by the employment of the catoptric test, which showed that they were present. What then was the nature of the opacity? Mr. Walton gave it as his opinion, that there was a deposit, most likely of lymph, between the retina and the vitreous humor; and that it had been poured out from the retina. He did not believe that any treatment would avail. The case is very instructive; it shows how great a change may take place in the eye, and how much damage may be inflicted, without any symptoms but flashes of light. But this is less surprising to those who know that affections of the retina, when *it alone* is implicated, are not painful and not attended with any external objective symptoms.—*Ibid.*

SURGERY.

Surgery of Crimean War.—Amputation.—Geo. H. B. McLeod, Esq.—The long debated question, as to the comparative merits of primary and secondary amputation, has arisen chiefly from there being no distinction drawn between that operation as performed in civil and in military practice. John Hunter advocated secondary amputation in compound fractures of the thigh, while surgeons, whose experience was derived solely from the battle-field, have held, with few exceptions, to the superior advantages of primary operations since the days of Du Chesne and Wiseman. The experience derived from the war, which has just ended, has been, with both us and the French, very decided on this point, and the propriety of early operation is recognized as imperative in military surgery. The very obvious distinction between primary and secondary amputations has been, however, unaccountably overlooked in the form of returns furnished to the army, so that the absolute bearing of this question, as far as the results here obtained are concerned, is impossible. After Inkermann, a French surgeon told me they had lost 40 per cent. of their primary and 70 per cent. of their secondary amputations in all parts. Of 130 amputations of the thigh and leg (primary and secondary) I saw at one time in their hospitals, only 75 were alive three weeks afterwards, and many of these were dying of hectic.

Chloroform has certainly thrown a very great weight into the scale in favor of primary amputation. The fear of renewing the shock, which deterred so many from early operation, is now completely removed. Many amputations, particularly during the early part of the war, were performed in what Mr. Alcock has termed "the intermediary period," and their fatality has been enormous—I do not believe one

recovered. The dispatch of patients from the front after Alma and Inkermann, immediately after injury, prevented many cases being operated on primarily, while not a few had their limbs removed on board ship, on their way to Scutari, or soon after their arrival there, and as might be expected, subsequently died.

If we bear in mind the many circumstances which have militated against the obtainment of successful results during a great part of the past war, I think it may be safely said that the primary amputations have afforded a very fair amount of success, while it cannot be denied that the secondary have been equally unfortunate. The *teaching* of the past campaign, then, would seem to show the duty of early amputation, not only in those cases in which the necessity for the operation was evident, but even in doubtful cases, as it is beyond all question true, what Hennen so well expresses when he says, "I am well convinced that the sum of human misery will be most materially lessened, by permitting no ambiguous case to be submitted to the trial of saving the limb."

A better field for observing the results of amputations performed by the flap and the circular methods could not be found than that presented in the Crimea during the present war; as, though the former method of operating has been the favorite, still not a few surgeons, especially among the French, adhere to what Sir Charles Bell was in the habit of designating "the perfection of the operation of amputation." At the early part of the war, the circular method had certainly one conspicuous advantage over the flap, and it is with reference to this point that I at all mention the subject. The bad accommodation in front, as I have already had occasion several times to remark, caused the transference of patients, at an early period after operation, to the hospitals on the Bosphorus; and it often happened that the long heavy flaps of an amputated thigh became loose, and got so bruised in the transit by sea and land, that they afterwards sloughed as a consequence, while those stumps formed by the circular system, were little if at all injured. This fact was early recognized by the French surgeons, and the truth of the observation must have pressed itself on the attention of every one who saw many of the amputations at the time of which I speak. Latterly, when patients could be kept in the field hospitals till nearly recovered, attention to this matter has been of less consequence.

Amputation in all parts has been performed 1097 times, with 210 deaths in the Crimean hospitals, 203 discharged to duty (121 of these were amputations of fingers), 659 transferred to other hospitals, 5 readmitted for other diseases, and 20 remained undetermined on the 31st December.

If, to the number who died in the Crimea, we add one-fourth of the cases transferred to other stations and remaining undetermined, as being a fair, but rather low, calculation of the number of those who died, then the per centage of death arising from amputation in all parts, will be over 34 per cent. If we exclude fingers, toes, etc., and only take into account cases in which the thigh, leg, arm, and forearm, in their continuity, or at their articulations, were removed, then the mortality will be over 44·8 per cent.

Secondary amputations were much more common during the early than during the later part of the war, and partly from this cause, and partly from the worse hygienic condition of the men at that time, the mortality, after amputation, was much higher, and as the returns from Scutari have not yet been received, the numbers adduced in these papers do not include them, so that perhaps a fourth is too low a calculation to assume as representing the number of those who died after being sent there.

The returns show one fact very broadly, viz., that the nearer we approach the trunk, the greater is the mortality. If different parts of the leg had been specified in the classification of the cases, this would, I believe, have been more evident The series stands as follows:— The results obtained in amputations in the lower third of the thigh, and those at the knee joint, form a curious exception to the rest. In calculating the figures in this table, it is still presumed that one-fourth of those patients "remaining" and "transferred" died:—

Upper Extremity.	Mortality.	Lower Extremity.	Mortality.
Forearm	23·2	Ankle Joint	20·
Arm.....	35·2	Leg.....	40·2
Shoulder.....	43·3	Knee Joint.....	71·4
		Thigh, lower third...	62·5
		" middle " ..	53·7
		" upper " ..	75·8
		Hip Joint.....	100·

In this table I have changed the numbers in the case of amputations of the lower and middle third of the thigh from those in the Army Returns, for reasons afterwards explained. Many interesting points of consideration present themselves on comparing these results with Malgaigne's table, bearing on the same point.

The lower extremity has been removed at the hip joint ten times, and all ended fatally within a short period of operation. One of these was performed by my lamented friend, Dr. Richard Mackenzie, with whom I first landed in the East in 1854. All these operations were primary, so far as I know. The French had one case of recovery from this fatal operation in the hospital at Pera during the winter of 1854. It was a secondary operation, and, as may be believed, the patient was an object of much interest. A second case in the same hospital died very unexpectedly, of hæmorrhage, on the sixteenth day, and a third on whom I saw the operation performed, died of exhaustion on the tenth day. Of these three cases, two were Russians. The mortality which has followed this operation is very deplorable, and seems far from pointing to the near approach of that happy era, so ardently longed for by a distinguished writer, when "it will be performed as readily as amputation at the shoulder."

Amputation in the upper third of the femur has been performed 58 times; 39 died in the Crimea, 18 were transferred to other hospitals, and 1 remained in hospital at the end of the year. I have sought diligently to see one of the cases in which recovery followed an ampu-

tation in the upper third of the femur, and though I have heard of several, I can only say I have as yet failed to meet with one, and so it has happened with several others who were only content to judge of such cases with their own eyes. However, if we accept these figures, and suppose that one-fourth of those transferred and remaining ultimately died, then we get a mortality of 75·8 per cent. The French have abandoned this operation altogether, and say they have hardly saved a single case.

Amputation in the middle third has been performed 85 times; according to the returns, 32 deaths have occurred in the Crimea, 43 transferred to other hospitals, 7 have been discharged cured, and 3 remained undecided. The operation has been performed in the lower third 71 times, 37 have died here, 4 have been discharged cured, 28 transferred, 1 readmitted for other diseases, and 1 remained. A very great many of the operations classed as "lower third" ought to have been entered as "middle third" operations. I speak from observation when I say, that many operations have been performed ostensibly in the lower third, and classed as such, which were in reality done in the middle third, from the bone being sawn very high up, to make certain of securing a good covering of muscles. Consequently, I believe, if *one-third* of the cases ranked as lower, be transferred to the column of middle third operations, we will arrive at the true statement with regard to the results of these operations here. It is in accordance with this view that the numbers stated before were given. *Without* marking this change, but still supposing that one-fourth of the cases sent from the Crimea, or which remained undetermined in their results, died, the mortality in amputations in the middle third of the thigh has been 50·5 per cent., but with the transposition proposed it has been 53·7. In the lower third *without* any change, the mortality has been 61·9, and with the transfer it has been 62·5. I need hardly add, that the numbers I myself believe to be those which represent the truth, are 53·7, and 62·5 respectively.

Taking amputations of different parts of the thigh (amputations at the knee joint not included) then together, there have been in all 224 amputations, and a mortality of 62·9 per cent.

The results which have followed amputations of the thigh during different wars, taking primary and secondary together, and those operations on the same part which have been recorded in civil hospitals, as having been performed for injury, may be thus contrasted:—

Amputation of the Thigh.	Mortality.
Crimea	62·9
Spain (Alcock)	62·
Waterloo	55·7
Schleswic-Holstein	60·15
Polish Campaign (Malgaigne)	100·
Mexican War	100·
Parisian Hospitals (injury)	75·
University College, London (injury)	58·

From Mr. Guthrie having given the result of thigh and leg amputations together, I cannot make out what was the per centage of loss during the Peninsular war in amputation of the thigh.—*Ed Med. Jour.*

New Mode of Treating Hydrocele.—Mr. Lloyd, at St. Bartholomew's, often mentions to his class that the application he finds most effectual in private practice, in effecting the radical cure of hydrocele, is a small quantity of red precipitate on a probe or director introduced into the sac subsequent to its evacuation by the trocar. In a recent case at St. Bartholomew's, accordingly, the application was tried with very good effects. Mr. Lloyd believes it seldom or never fails. It requires no specific apparatus; it produces a certain amount of inflammation of the common kind in the serous lining of the sac, which effectually blocks up the cavity, and no ill effects of any kind are produced.

New Operation for Paracentesis in Dropsy.—A new mode of "tapping," or performing the ordinary operation of paracentesis abdominis, recently adopted by Mr. Birkett, deserves a word of notice. Every surgical practitioner must be aware how commonplace and uninteresting this operation has become, and how very like the analogous process as regards a beer barrel; thus justifying in some measure the association of ideas with which the literal acceptation of the term, the process of "tapping," has come to be regarded by students and surgeons in operating theatres. Mr. Birkett proposes that the fluid should flow away by a piece of vulcanized India-rubber tube being slipped over a sort of flange on the canula, through which the trocar is passed; this piece of India-rubber tube fitted on to the further piece of tube of any convenient length, so as to carry the fluid away from the patient's bed. The finger and thumb are applied to the smaller piece of India-rubber tube, which is compressed firmly as the trocar is withdrawn, and this tube, then fitted on to the longer piece of tube. The very unpleasant sound of a flowing stream of fluid is thus done away with; and where patients are not able to sit up to have the operation performed, it suits most admirably. It prevents air also, as in paracentesis of the chest, entering into the cavity.

Morbus Coxarius Treated by Counter-Irritants.—Whether inflammatory diseases of the joints should be treated by counter-irritation, under the form of issues, setons, etc., appears a subject of much debate of late months in our London hospitals. One section of the profession, relying implicitly on the views of Sir B. Brodie, seem to regard the use of issues, setons, etc., with something allied to horror; while another class of not less practical men, led by their old experience, are still advocates for various counter-irritant processes. A very lengthened and most interesting controversy has just terminated in the French academy of surgeons, also on the subject of setons and issues, where M. Malgaigne has held with no little vigor that the usual

arguments against the seton or issue have always hinged rather on the abuse of issues than their proper use.

In this point of view, two cases in St. Bartholomew's have afforded us more than usual interest, as illustrative of these opinions. One was a case of the too familiar disease in all our hospitals—a boy, George P., aged 4 years, admitted April 4, 1856—a case of "morbus coxæ," under the care of Mr. Skey; the orthodox plan in some hospitals is to let such cases alone; Mr. Skey, however, ordered a modified course of counter irritation to be tried.

We do not here give cases in full, but prefer offering short hints of the newest mode of practice. A mixture of equal parts of oil of turpentine and acetic tincture of cantharides was directed, as a liniment, to be rubbed every night round the acetabular articulation, while the other, but more ordinary *adjuvantia*, such as good diet, rest, tonics, etc., were also carefully prescribed, Mr. Skey commencing with vini ferri ℥ij bis in die. Mr. Skey lays great stress on the disease being diagnosticated early, in the first or early stage, before it shall have advanced to destruction of cartilage; in this latter stage counter-irritants, or indeed any mode of treatment, except such as facilitates the formation of false joint, will be inadmissible. A new idea of the action of blisters, setons, etc., has arisen out of the recent controversy, namely, that an issue acts beneficially, by exciting a reflex morbid or irritant action through the spinal or sympathetic system, or both, towards the blistered healthy skin, but away from or disappointing the morbid process in the diseased joint itself. In very advanced stages of such diseases, the actual cautery, as a counter-irritant, as used by Mr. Erichsen and Mr. Syme, will prove very beneficial. In the second case in St. Bartholomew's, under Mr. Paget and Mr. Stanley, very small bleedings by leeches were tried previously to counter-irritation, Mr. Paget believing that we have here a purely inflammatory condition of the joint and its coverings.

April 25th. Mr. Skey's case is now three weeks in hospital, during which we have watched its progress. The improvement has been most remarkable, and quite satisfactory.—*Association Med. Jour.*

Practical Deductions from a Record of twenty-six cases of Strangulated Femoral Hernia. By John Birkett, Esq.—The author commenced by stating, that the object of the paper was:—1. To bring prominently into the foreground the causes of death. 2. The circumstances by which those causes are brought about. 3. The means by which they may be avoided. It was shown, by means of a table of the cases, that a certain number of unfavorable circumstances occurred in each case, and that, in proportion to the aggregate, as a general rule, the case was cured, or terminated fatally. But in some of the cases only two, three, or four unfavorable circumstances existed, and yet the patients died; and in these, as well as others with a larger number, the causes of death were sought for and demonstrated. Of the twenty-six cases, all of which were operated upon by the author, one-half terminated fatally. In the fatal cases, death resulted from causes

over which the operation could have but little influence; and it was undertaken only with the view to place the patient in a condition more favorable to recovery. The causes inducing the fatal result may be thus enumerated:—1. The consequences of a journey performed while the patient was suffering with strangulated femoral hernia. 2. The defective constitutional nutrition of the patients generally. 3. Irrecoverable prostration, the result of long-continued vomiting and strangulation of the bowel in aged women. 4. Violence inflicted on the hernia. To this cause the death of not less than five out of the thirteen is to be attributed. 5. The administration of purgatives before the operation. The author unhesitatingly preferred to reduce the hernia without opening the peritoneal sac in those cases in which the surgeon would be justified in returning the protrusion by the taxis, if it could be accomplished. In the twenty-six cases, the peritoneal sac was opened in twelve; and the causes which prevented the reduction of the hernia without so operating were the three following:—1. The contents of the sac. 2. The morbid condition of the contents of the sac. 3. The dimensions of the neck of the sac, and the unyielding state of its tissues. Six cases were related, in which the author had reduced the hernia by a simple division of the fibrous tissues about the neck of the sac, and external to that covering of the hernia known as the fascia propria. To this simple method of relieving the constriction around the bowel the author gave the name of "The Minimum Operation." The causes of death in the fatal cases were shown, by *post mortem* examination, to be referrible to peritonitis; injury of the bowel inflicted in the taxis; exhaustion after fæcal fistulæ; plegmonous inflammation; collapse; acute bronchitis; and perforation of the bowel. Of the cured cases, the minimum of hours during which the bowel was strangulated was three hours; the maximum was seventy-seven hours. Of the fatal cases, the minimum period of strangulation of the bowel was eleven hours; the maximum seventy-nine hours. Of the cured cases, the average number of hours during which the bowel was strangulated amounted to thirty-three. Of the fatal cases, the average period of strangulation of the bowel was forty-six hours. The causes of death were primary and secondary:—1. Prostration; peritonitis; gangrene of the intestine; perforation. 2. Bronchitis; abscess behind the geritonæum; phlegmonous inflammation and suppuration. The circumstances by which they were brought about:—Age; a journey; defective constitutional nutrition of the patient; the morbid state of the canal above the strangulated piece of bowel; injury of the hernia caused by the constriction of the ring, and by manual violence inflicted on it; the duration of the sufferings; the intensity of the constitutional sympathies; fæcal fistula; neglect of the tumor; the administration of purgatives; the warm bath. The means by which they may be avoided are:—By care in manipulation; the early relief of the bowel from constriction; the reduction of the hernia without opening the peritoneal sac; the exhibition of opium; and the avoidance of all causes likely to induce exhaustion.—*Association Journal.*

Amputations in Radcliffe Infirmary, Oxford. By E. L. Hussey.—The capital operations in the Radcliffe Infirmary are recorded in a register kept for the purpose, the entries being made from notes taken at the time of the operation. In this register and in the admission-books are noted one hundred and sixty-four cases of amputation from all causes, which are arranged in the paper in separate tables. Among the cases of disease, ninety-one were for diseases of joints; fifty-five of these were in the thigh, of which ten were fatal; six died from the immediate effects of the operation, and four did not recover sufficiently to be sent home. The mortality varied in the practice of the different Surgeons. Of twenty cases in the leg, only one died; of six cases in the upper arm, and ten in the forearm, all recovered. Among those who recovered from the operation, seventeen never permanently regained their former health; three died from accidental illness; in one the cause of death was not ascertained; sixteen others died with phthisis, at various periods after the operation; the subsequent history of five was not known; the rest are all now in good health. The mortality was not affected by the duration of the disease, or the extent of the disorganization of the joint. The proportion of men who undergo amputation in early stages of disease is greater than that of women; in later stages the proportion of women is greatest. The operations for diseased joints in boys and girls under puberty are not successful; a larger proportion than in adults die from the effects of the operation, or do not recover their health after amputation. In five cases of malignant diseases, two died after operation; in one the disease returned within a year; the other two are living. In other diseases, necrosis, caries, gangrene, elephantiasis, old ulcerations, and inconvenient limbs, all the patients recovered. Of six cases of primary amputation of the thigh, only one recovered, and in that case the injuries were confined to the leg, below the knee. In all the fatal cases, the operation was performed after very severe injury. All the operations on the leg (twelve in number) succeeded. Of fifteen on the upper arm, three died; and of fourteen on the forearm, one died. Among the secondary operations, only one died, after amputation at the shoulder-joint for a burn. The operations were mostly done by circular incision. The chief veins of the limb were tied whenever they bled, without any bad consequences. The stumps were generally tied at the time of the operation. In several cases, where the stump was left open after the operation, there was secondary hæmorrhage, and in all of them union was very slow. The healing of the wound, or the discharge of the patient, was retarded by so many accidental causes, that it was not easy to make a fair estimate of the time occupied in the recovery. The forearm generally healed rather sooner than the upper arm, and the upper arm rather sooner than the leg, the thigh being much the latest. After amputation for diseased joints, the stumps healed sooner than in other diseases. The greatest delay was after primary operations for accidents.—*Med. Times and Gaz.*

On Fatal Symptoms supervening on Deligation of the Uterine Polypi. By Dr. M'Clintock, of Dublin.—The fatal cases which have come within my own knowledge, I shall briefly narrate.

Case 1.—M. H., aged 38, was admitted into the chronic ward of the Lying-in Hospital, January 14, 1846. Had one child many years ago. Last September she began to have irregular hæmorrhagic discharges from the vagina, which have continued increasing up to the present time. She is debilitated, and of a sallow, unhealthy aspect; upon internal examination, a polypus about the size of a hen's egg was found protruding from the os uteri, and occupying the upper part of the vagina, which was unusually long and contracted. She suffered no pain when the tumor was manipulated, nor previously; neither was there any pain or perceptible tumor in the hypogastric region.

On the 16th, I applied a ligature of silk fishing-line around the neck of the polypus, by means of Gooch's canula; when tightened she made no complaint of pain, and the top of the canula was not within the margin of the os tincæ. On the fifth day the ligature and tumor came away; the latter was very white, and rather soft. The only unfavorable symptoms that presented themselves, up to this period of the case, were a rapid pulse and tympanitic state of the abdomen. On the sixth day after the removal of the polypus her pulse was still rapid; tongue rather dry and brown towards the centre; and there was a tendency to diarrhœa. In the right iliac region was a defined tumor, about the size of a small orange, and tender to the touch. This tumor gradually extended towards the left side, accompanied by tenderness and some abdominal pain; her nights were bad; the pulse constantly above 120; the tongue dry and brown; total failure of appetite, and increasing debility, so that she died on the eighteenth day from the removal of the tumor. A careful examination of the abdomen was made fourteen hours after death. There were general marks of peritoneal inflammation, with lymphy and serous effusion, especially towards the lower part, where the viscera were closely cemented together. In each iliac region was an elastic tumor, closely attached to the uterus, rectum, and adjacent parts; when opened, they discharged a few ounces of yellow, inodorous, puriform matter. The body of the uterus was somewhat elongated, and its walls a little thicker than natural; the cervical canal presented dilatation and vascularity up to the line of junction with the body where both abruptly ceased, indicating probably that the polypus had sprung from the interior of the cervix. The uterus presented no other abnormal appearance. I may be excused, perhaps, for offering some *rationale* of this woman's case, in order to account for the fatal issue. She was in a broken state of health at the time of the operation, and sufficient means may not have been used to alter and improve it. There was a disposition to morbid action, wherever an exciting cause was applied; soon after the tying of the ligature, symptoms of "constitutional irritation" were induced; inflammatory action, rapidly ending in suppuration, showed itself in the course of the absorbents leading from the uterus to the iliac region; the peritoneum subsequently became affected, and the vital powers rapidly gave way under

the accumulation of local and general morbid influences. Such is the view I feel disposed to take of this case. So far as *physical conditions* went, it was a suitable one for operation; but the *vital conditions* were unfavorable. It is a fair question for discussion, whether excision would not have been a better means for removing the tumor, and have held out a better chance of success. I do not feel competent, from my own experience, to decide upon this, though my convictions incline me to the affirmative side.

The next case which I shall relate bears considerable resemblance to the foregoing one, in the morbid appearances.

Case 2.—C. S., a widow, aged 28, was admitted into the chronic ward of the Lying-in Hospital, November 20, 1855. Had one child now eight years old, and subsequently had four miscarriages. Three years ago she began to suffer from pelvic pain and uneasiness, and was under treatment for uterine inflammation and ulceration in New York, where she then resided. During the last twelve months she had more or less sanguineous discharge, and for the last six months this has been rarely absent. She looks sallow and very anemic, and suffers from constant pains and uneasiness in the uterine region. A large polypus, with a very thick pedicle, occupies the vagina; the os uteri is felt very distinctly encircling the neck of the polypus. On the 29th I put on a ligature with Gooch's canula; she experienced some pain when it was drawn tight. The vagina was syringed daily, after each time that the ligature was tightened; on each of these occasions she complained of a good deal of uneasiness. In five days the ligature and tumor came away; the polypus was as large as an orange, and weighed nine ounces (avoirdupois); it was tolerably firm, and composed of fibrous and fibroid tissue, the latter bearing a close resemblance to the proper tissue of the unimpregnated uterus.

I made a vaginal examination some days after the falling off of the tumor. The os was very open: the body of the uterus felt large, and the entire organ seemed rather fixed and immovable in the pelvis. She complained of weakness and continued loss of appetite, and of a pain near to the anterior-superior spine of left ilium. About the 5th December she had a slight rigor in the afternoon. She continued in an unsatisfactory state; the pulse rapid; no appetite; on one or two days she had some bilious vomiting, which she said she was subject to. On December 15, at 10 o'clock A.M., she got a weakness, succeeded by symptoms of collapse, with vomiting which soon assumed the coffee-ground character. In twenty-three hours from this time she expired, apparently from intense peritonitis, brought on by some internal rupture or perforation.

Autopsy.—Extensive recent peritonitis; enormously thick, strong bands of lymph in the pelvis, marking the existence of former or chronic inflammation of the serous membrane; considerable swelling and induration in the left broad ligament, closely connected with the uterus; this tumor contained purulent matter; the rectum and uterus were cemented together; in the *cul de sac* of peritoneum, behind the latter, was a small aperture, that would about admit a goose-quill, and this opening communicated with an abscess which was a continuation

of that to the left of the uterus; the walls and interior of the uterus seemed perfectly healthy; a little roughness in the lining membrane of right cornu, was the only appearance that indicated the exact situation from which the polypus sprang. The entire contents of the pelvis are now on the table, for the inspection of members. The most superficial examination of the specimen will be sufficient to show that chronic inflammation had been going on in the neighborhood of this uterus, for months at least, and that the immediate cause of the attack of fatal peritonitis unquestionably was the perforation of the retro-uterine abscess, and the consequent escape of some of its contents into the peritoneal cavity.

Could I have been aware of the existence of this chronic inflammation of the structure immediately surrounding the uterus, I certainly would have refrained from performing the operation, unless her life actually hung upon it. On the other hand, it may be urged, that the fatal peritonitis was not an extension of inflammation from the uterus but the result of an extremely rare accident (perforation,) and one quite out of the usual course, so that its occurrence ought only to be looked upon as a very remote contingency.

The last case which I have to communicate is unsatisfactory, in so far as that the cause of death remains enigmatical.

The patient was a large, fat woman, aged about 40 or 45; she was of rather a dark, swarthy complexion; she had lost a good deal of blood from time to time, though not much latterly. Through the kindness of Dr. Shekleten, under whom she was a patient in the chronic ward of the Lying-in Hospital, I had an opportunity of examining the polypus. It was enormously large, filling up the whole vagina; it was insensible; smooth on the surface, and by no means hard, but, on the contrary, rather doughy in consistence: the tumor seemed to grow from the interior of the uterus. On the 6th of June, 1853, Dr. Sinclair applied a ligature around the neck of this tumor, the woman being at the time under the influence of chloroform. The ligature was retained by means of Gooch's canula; a good deal of difficulty was experienced in the operation, in consequence of the great bulk of the tumor, and the distance of its pedicle from the os externum. The presence of the ligature did not seem to occasion any amount of pain or uneasiness; strict attention was paid to the patient, and the vagina was daily syringed with tepid water; nevertheless, a low kind of fever ensued, with a dry tongue and rapid feeble pulse; and in about three days after the operation the woman died, the ligature being still around the neck of the polypus. I had myself an opportunity of examining the pelvic viscera in this case, after their removal from the body. The ligature was found accurately applied around the pedicle, which was about the thickness of a man's thumb, and intimately identified with the tissue corresponding to the fundus uteri; there was not the slightest attempt at separation; the body of the organ was not at all enlarged; there was some slight ecchymosis of that part of the vagina with which the canula had been in contact; no inflammatory appearance was found in the belly. In this instance, I think the fatal termination is to be ascribed to the low irritative

fever which ensued upon the application of the ligature, and which rapidly exhausted the vital energies.

The cases I have now detailed, and those which I have adverted to, justify our drawing the following general conclusions, as to the occurrence of death after tying uterine polypi:—

1. That death may take place before the ligature has cut through the neck of the polypus, even in cases where this has not been unusually delayed, and where no part of the uterus has been included in the ligature.

2. That in some cases death has taken place in consequence of the supervention of peritoneal inflammation.

3. That in other cases the ligature has given rise to genuine uterine phlebitis, which has proved fatal.

4. That a fatal termination has in many instances been brought about by a kind of low irritative fever, or state of "constitutional irritation," which the presence of the ligature has set up. It is probable that this state of the system depends upon the absorption of septic matter, or upon phlebitis; but, in the absence of any direct proof on this point, I prefer using the above names.

5. That pelvic cellulitis is a result to be apprehended from the operation of ligaturing uterine polypi.

Before concluding, I wish to state plainly and expressly, that my object in this communication is *not* to depreciate the ligature as a means of treating uterine polypi, or to put forward any other operation as being more deserving of confidence; but in the first place, to show that it is not such a safe and harmless proceeding as many of its advocates would have us believe; and secondly, to attempt an elucidation of the causes of a fatal termination succeeding to this operation. —*Dublin Quart. Jour. Med. Sci.*

OBITUARY.

Died, in London, May 1st, 1856, aged —, Geo. J. Guthrie, well known as one of the most eminent military surgeons of our day.

Died, in London, on the 24th April, 1856, in the 90th year of his age, Henry Clutterbuck, M.D. Dr. C. was for nearly seventy years, an active member of the profession, during all which period his life was one of steady and continued industry. For fifteen years he edited the *Medical and Chirurgical Review* (1795—1809), and was the author of several valuable works. He was three times President of the London Medical Society, and for upwards of sixty years attended its anniversary meetings.

Died, at Paris, April 16th, aged 53, M. Vidal (de Cassis), Surgeon to the Venereal Hospital of Paris (where he was M. Ricord's colleague), of long-standing renal disease. M. Vidal was universally respected. He was the author of an important work on surgery, in five volumes, which is a text-book in the French schools; also of a Treatise on Venereal Diseases.—*Med. News.*

PART FOURTH.

AMERICAN MEDICAL RETROSPECT.

Proceedings of the Ninth Annual Session of the American Medical Association, held in Detroit, Michigan, May 6, 1856.

THE Association met at Fireman's Hall, at 11 o'clock, A.M., and was called to order by the President, Dr. G. B. Wood, of Pennsylvania. Dr. D. Tilden, of Ohio, Vice-President, occupied a seat upon the platform. Dr. Wm. Brodie, of Detroit, Secretary.

Dr. Pitcher, of Michigan, in behalf of the Committee of Arrangements, received the members of the Association.

The roll was then called by Dr. Wister, of Pennsylvania.

On motion of Dr. Thomson, of Delaware, a recess of fifteen minutes was taken to allow the delegates from the respective States to report one member from each State represented, as a Committee to nominate officers for the ensuing year.

At the expiration of the recess, the Association was called to order, and the different State delegations then reported their choice, respectively of delegates to serve on the Nominating Committee, which was constituted as follows:—*Maine*,—N. P. Monroe; *New Hampshire*,—H. Pierce; *Vermont*,—C. L. Allen; *Massachusetts*,—H. H. Childs; *Rhode Island*.—J. E. Warren, *Connecticut*,—David Harrison; *New York*,—William Rockwell; *New Jersey*,—L. A. Smith; *Pennsylvania*,—John Neill; *Delaware*, J. W. Thomson; *Maryland*,—P. Wroth; *South Carolina*,—E. Geddings; *Tennessee*,—J. B. Lindsley; *Kentucky*,—W. L. Sutton; *Minnesota*,—C. W. Le Boutillier; *Michigan*,—M. Gunn; *Ohio*,—Thos. W. Gordon; *Indiana*,—Dr. Winton; *Illinois*,—H. Noble; *Wisconsin*,—W. H. Brisbane; *U. S. Army*,—Chas. Tripler; *Iowa*,—Dr. McGugin.

After the Nominating Committee had retired, Dr. Pitcher, of Michigan, from the Committee of Arrangements, submitted a report:—

In conformity to the domestic and social usages of the place of meeting, the Committee have to suggest that the sessions of the Association take place in accordance with the following plan, and that they commence and terminate each day at the hours designated therein:

TUESDAY.—Morning session begins at 11 A.M., and ends at half-past 12 M. Afternoon session begins at 2 P.M., and ends at 5 P.M.

WEDNESDAY.—Morning session begins at 9 A.M., and ends at half-past 12 M. Afternoon no session.

THURSDAY.—Morning session begins at 9 A.M., and ends at half-past 12 M. Afternoon session begins at 2, and ends at 5 P.M.

FRIDAY.—Morning session begins at 9 o'clock, A.M.

The report was accepted.

The President announced the death of Dr. John C. Warren, of Boston, Mass.

After some appropriate remarks by Dr. Childs, of Mass., and Dr. Gross, of Ky., Dr. Gross offered the following resolution :—

Resolved, That a Committee of five be appointed to draft resolutions expressive of the feelings of this Association at the loss of their late associate, Dr. John C. Warren.

The resolution was adopted, and the President appointed as such Committee,—Dr. Gross, of Kentucky; Dr. Childs, of Massachusetts; Dr. Wood, of New York; Dr. Pitcher, of Michigan; and Dr. Geddings, of South Carolina.

On motion, the Association adjourned to 2 P.M.

AFTERNOON SESSION.

The President called the Association to order at 2 o'clock.

The Secretary read a letter from Dr. Grafton Tyler, of the District of Columbia, one of the Vice-Presidents, excusing his absence.

He also read letters from the State Medical Society of Tennessee, and from the University of Nashville, inviting the Association to hold its next annual session at Nashville, Tennessee. Also, one tendering the use of the Hall of Representatives of that State for the purposes of said session.

On motion of Dr. Brodie, of Michigan, referred to Committee on Nominations.

The Committee on Nominations submitted the following report:

The Committee on Nominations unanimously nominate the following officers of the American Medical Association for the ensuing year :—

President—Dr. Zina Pitcher, of Detroit.

Vice-Presidents—Drs. Thomas W. Blatchford, of New York; Wm. K. Bowling, of Tennessee; E. Geddings, of South Carolina; W. H. Brisbane, of Wisconsin.

Secretaries—Drs. W. Brodie, of Michigan; R. C. Foster, of Tennessee.

Treasurer—Dr. Casper Wister, of Pennsylvania.

The report was accepted and the nominations unanimously confirmed.

On motion of Dr. Atlee, of Pennsylvania, the President was requested to deliver his annual address.

At the conclusion of the address, on motion of Dr. Atlee, of Pa.,

Resolved, That the thanks of the Association be presented to our late President for the able and interesting parting address he has just delivered, and that he be requested to present to the Committee of Publication a copy, for preservation in our transactions.

On motion of Dr. Atlee, of Pa.,

Resolved, That a Committee of three be appointed to inform the President and Vice-Presidents elect of their election, and conduct them to their seats.

The President appointed as such Committee, Drs. Atlee, of Pa.; Reeves, of Ohio; and Sutton, of Ky.

Upon taking the chair, Dr. Pitcher made some appropriate remarks.

Dr. Frost, of Charleston, S. C., offered the following resolution, which was adopted:

Resolved, That the thanks of this Association are due to the retiring officers for the zealous and efficient manner in which their duties have been performed, to our late President, for the courtesy and ability with which he has presided over our deliberations; to all the officers, for their attention to the laborious duties of their stations—not excepting our Committee on Publication, to whom we must feel indebted for the satisfactory form in which the volume of the transactions appears.

On motion of Dr. Gunn, of Mich.,

Resolved, That the resolution passed at St. Louis, requiring a majority of the Committee on Publication to be appointed from residents of the place where the meeting is held, be repealed.

Dr. Phelps, of N. Y., offered the following:—

Whereas, The pleasure and satisfaction of attending the deliberations of this Association would be greatly enhanced, the duties of the secretaries and reporters facilitated, and order at the same time secured, by the observance of two things, to wit: first, that the audience be put in possession of the name and residence of the speaker; and, secondly, that they be enabled distinctly to hear what he has to say; therefore,

Resolved, That no one be permitted to address the Association, except he shall have first given his name and residence, which shall be distinctly announced from the chair, and the member be required to go forward and speak from the stand, and not more than ten minutes at one time.

A motion to lay on the table was lost. The resolution was then adopted.

At the request of Dr. Gross, of Ky., his report upon "The Causes that Retard Medical Education and Literature," was made the special order for Wednesday, at 10 o'clock.

Dr. Palmer, of Ill., from the Committee on Prize Essays and Volunteer Communications, offered the following:

"The Committee on Prize Essays and Volunteer Communications" report, that some months since they issued a card, which was extensively published in the medical journals, setting forth the terms upon which essays intended for prizes would be received; but that the number of papers presented has been but four.

"By referring to the past records of the Association, it is found that the numbers received by preceding Committees have been, in 1852, sixteen; in 1853, fifteen; in 1854, nine; in 1855, six; and in 1856, four. Your Committee beg leave to call attention to this almost regular and quite rapid decrease in the number of essays presented, for the purpose of having the Association consider whether there be not danger that the number which may hereafter be furnished, will be so small as to afford insufficient range of comparison and choice to cause the preference shown to be much valued, if, indeed, presentations do

not cease altogether, and whether any means should be devised for preventing such a result.

"The essays received by your Committee have been subjected to a careful examination; and while admitting that they all possess a degree of merit, which would render them suggestive and useful, if given to the profession, still, in their opinion, but one manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, as to furnish sufficient claim for awarding a prize by this body.

"But one prize is therefore awarded. The essay selected for this honor, bears the title—'An Essay on the Arterial Circulation.'

"It is regarded by the Committee as possessing the merits just alluded to, and while not wishing to give an unqualified endorsement of all the views which it contains, they regard it as possessing not only interest in its physiological and scientific relations, but also real value in its pathological and practical bearings.

"The production has considerable length, and by the fullness with which the views advanced are discussed, it partakes as much of the nature of a treatise as an essay. It has, at least, one quality which Lord Bacon considered necessary to a treatise, as distinguished from an essay—it required a degree of leisure on the part of the writer, and will require the same on the part of the reader for him fully to appreciate its value.

"The essay bears the motto—'*Una est Veritas.*'

"(Signed) A. B. Palmer, Ch'n.
Samuel Denton.
Silas H. Douglass.
Ab'm Sager.
E. Andrews.

"On breaking the seal of the accompanying packet, Dr. Henry Hartshorn, of Philadelphia, Pa., was found to be the successful essayist."

The report was accepted.

Dr. Blatchford, of N. Y., from the Committee on "Hydrophobia, and the Connection of the Season of the Year with its Prevalence," read a report thereon. The Committee, in conclusion, submitted the following resolution which was adopted:

Resolved. That the Secretary transmit to the Governor of each State a copy of the statistical part of this report, with the respectful request that he would bring the subject before the Legislature of the State over which he presides, that in their wisdom they may devise and unite upon a plan by which the evil may be mitigated, if not removed.

The Committee on Nominations reported in favor of holding the next annual meeting of the Association at Nashville, Tenn.

Dr. Gross, of Ky., moved to strike out "Nashville, Tenn.," and insert "Louisville, Ky." He thought Nashville, at present, difficult of access.

Dr. Geddings, of S. C., and Lindsley, of Tenn., advocated the adoption of the report.

Dr. Gross withdrew his amendment and the report was adopted.

Dr. Wister, of Pa., from the Committee on Publication, made the annual report. It states that the first copies of the Transactions of the last session of the Association were issued on the 10th of November, 1855; that 1000 copies were printed; that the aggregate expense of printing, illustrating, and binding, was $1,922 70; that the distribution of the volume was effected, in every possible instance, by express; that Drs. C. Hooker, of Ct.; Alden March, of Albany; J. L. Atlee, of Pa.; W. Brodie, of Mich.; C. B. Gibson, of Richmond; E. L. Beadle, of N. Y.; H. W. Dessaussure, of S. C.; C. A. Pope, of Mo.; D. H Storer, of Mass.; T. G. Richardson, of Ky.; J. Moran, of R. I.; T. Miller, of D. C.; F. E. B. Hintze, of Md.; L. P. Bush, of Del.; Z. Pitcher, of Mich.; and J. B. Lindsley, of Tenn., have rendered essential service to the Association—some in procuring subscriptions to the volume, and all by cordial co-operation in its distribution; that it is important to secure efficient co-operation in every State by the appointment of gentlemen whose duty it shall be to aid in procuring subscriptions for and circulating the transactions; that Connecticut is especially to be commended for her services in this particular; that not a little embarrassment was experienced by the committee in restoring to the list of permanent members the names of those who had been left off by order of the Association for non-payment of assessments; that they had endeavored, however, by careful comparison of the various lists, to supply all omissions; that the committee had been reluctantly obliged to omit from the Transactions two valuable reports on epidemic diseases—by Dr. L. H. Anderson, of Ala., and Dr. E. D. Fenner, of New Orleans—but, as they had not been presented to the Association, and acted on by that body, there was no other alternative; that the following resolution, passed at the last session, should be strictly enforced:

Resolved, That, hereafter, beginning with the session of 1856, no report, or other paper shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before June first.

The report further states that the number of volumes of Transactions now remaining on hand is as follows: of Vol. I. 41, of Vol. II. 9, of Vol. III. 32, of Vol. IV. 7, of Vol. V. 316, of Vol. VI. 66, of Vol. VII. 120, of Vol. VIII. 351; that some of the leading journals abroad have expressed a strong desire to complete their sets, and it rests with the Association to determine whether the missing numbers shall be supplied; that, as only seven complete sets of the transactions are now in the possession of the Association, the committee recommend that no copy of either of the eight volumes which is necessary to the complete sets now remaining shall be disposed of separately, or with any number of volumes short of a complete set.

Dr. Atlee, of Pa., made some remarks upon the report, in the course of which he stated that the Smithsonian Institution had been offered as a permanent place of session for the Association. He concluded by moving that the Committee on Publication preserve five complete sets of the proceedings. Carried.

Dr. Wood, of Philadelphia, moved to refer the nomination of standing committees to the Committee on Nominations. Carried.

The same gentleman made a request in behalf of Dr. Hamilton, that the committee of which Dr. H. is chairman, may be continued for another year, it not being prepared to report at present. Granted.

Dr. Breckenridge, of Ky., stated that the Committee on Medical Literature, was ready to report.

The President suggested that the reading of the report follow that of the report of Dr. Gross, which had been made the special order for Wednesday, at 10 A.M.

Dr. Palmer, of Chicago, stated that the Committee on Plan of Organization for State and County Medical Societies was ready to report.

Dr. Pomeroy, of N. Y., moved to reconsider the resolution requiring a member, when speaking, to stand upon the platform, and not to occupy more than ten minutes in his remarks. Lost.

Dr. Smith, of N. J., moved that that portion of the resolution requiring members, when speaking, to take the stand, be rescinded. Carried.

Dr. Atlee, of Pa., moved to refer the prize essay of Dr. Hartshorn on Arterial Circulation, and the report of Dr. Blatchford on Hydrophobia, to the Committee on Publication. Carried.

Dr. Wister, of Pa., the Treasurer, read his annual report. It recommends that the Treasurer be requested, at an early date after the adjournment of the present meeting, to address a circular to each permanent member, announcing the abrogation of the resolution of 1854—making a yearly subscription to the transactions obligatory—and the consequent restoration to membership of all those dropped from the published list of that year—advertising, also, the practicability of procuring back numbers of the Transactions, with information as to the cost at which the series of volumes may be rendered complete, or an entire set furnished by the Association.

The report was accepted, and referred to the Committee on Publication.

Dr. McNulty, of the New York Academy of Medicine, offered a resolution, that a Committee of one from each State be appointed by the Committee on Nominations, to prepare, and report to the Association during the present session, an address to the people of the United States, setting forth the strong claims the medical profession have on their respect, gratitude, and confidence.

Dr. McNulty explained the purpose for which he offered the resolution. Many people, he said, had a prejudice against the medical profession for holding to the dignities of their calling, and entertained the idea that the science of medicine was a collection of absurdities and superstitions. He wanted to show clearly that this is not the fact, and, in this view, he thought the address proposed would have a beneficial effect.

Dr. Kittredge moved to amend the resolution by making it read that every member of the Association should take the stump and defend the cause.

After a few other remarks, the resolution was withdrawn.

Dr. Gross, of Ky., stated that Dr. Wood, of New York, who was then in the meeting, had lately performed an operation in an extraordinary case—removing a jaw-bone—and moved that a time be appointed for the Association to examine the part extirpated.

Dr. Wood said he had not with him the article spoken of by the preceding speaker, but would lay it on the desk of the President in the morning.

Dr. Gunn, of Mich., reported the following names of members by invitation:—Dr. P. N. Curtis, of Tecumseh, Mich., proposed by Dr. M. A. Patterson, of Tecumseh; Dr. C. West, of Indiana, proposed by Dr. Z. Pitcher, of Detroit; Dr. James Bronson, of Newton Falls, Ohio, proposed by Dr. Thomas W. Gordon, delegate from the Ohio Medical Society; Dr. Benjamin Stanton, of Salem, Ohio, proposed by Dr. Geo. Mendenhall, of Cincinnati; Dr. Eames, of Ohio, proposed by Dr. Stockwell; Dr. N. K. Maniates, of Marshall, proposed by Dr. M. Gunn, of Detroit. The report was adopted.

The President read a communication from Dr. Stille, Chairman of the Committee appointed last year to consider the subject of extending the lectures of each chair in medical schools over a period of two years, stating that the views of medical institutions had as yet been imperfectly ascertained, and asking a continuance of the Committee. Granted.

Dr. Watson, of N. Y., moved that the Committee on Epidemics meet immediately after the adjournment. Agreed to.

The President read an invitation to the Association to attend the session of the American Association for the Advancement of Science, at Albany, in August next,—at which time, also, the Dudley Observatory will be inaugurated, and an address delivered by Hon. Edward Everett. The invitation was accepted.

The Association then adjourned to meet this morning at 9 o'clock.

SECOND DAY.

The Association was called to order by the President, at nine o'clock, A.M.

The minutes were read, corrected, and approved.

Dr. Wister, of Pa., read the list of delegates who had registered their names since last report.

The Secretary read communications from the following gentlemen, asking an extension of time in which to report upon the subjects named:—

Dr. A. J. Semmes, of N. Y.,—"Coroners' Inquests."

Dr. J. Taylor Bradford, of Ky.,—"Treatment of Cholera."

Dr. J. M. Reese, of N. Y.,—"Infant Mortality."

Dr. E. R. Peaslee, of Me.,—"Inflammation, etc."

Dr. J. W. Carson, of N. Y.,—"The Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease."

Dr. Mark Stephenson, of N. Y.,—"The Treatment best adapted to each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, etc."

Dr. Beech, of Mich.,—"Medical Topography and Epidemics."

Dr. J. C. Hutchinson, of N. Y.,—"The Anatomy and Histology of the Cervix Uteri."

Referred to Committee on Nominations.

The Secretary announced that he had received the following resolution adopted at the last meeting of the New York State Medical Society:—

Resolved, That the members of the American Medical Association be invited to attend the semi-centennial celebration of this Society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read the following communication, dated April 7, 1856, from the Secretary of the Ohio State Medical Society:—

SIR:—At the annual meeting of this Society, held in June last, at Zanesville, Ohio, the following resolutions were adopted, and I was directed to furnish you with a copy of the same:—

Resolved, That the resolution offered by Dr Grant, (a member of this Society, but not at this, or at that time, a practitioner of medicine, but a lawyer,) at the last session of this Society, viz.:—"That it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or mechanical instruments," was offered at a time when many members had left for their homes, and is not, therefore, the sense of the Society.

Resolved, That the said resolution is in direct opposition to the code of medical ethics adopted by this Society; and, therefore, be it further

Resolved, That said resolution, offered by Dr. Grant, and adopted by the Society, be and is hereby rescinded.

The communication was ordered to be placed upon the minutes.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon Deformities after Fracture and Dislocations, and asking for a correction of the minutes of last session in regard thereto. Dr. Hamilton also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On the motion of Dr. Brodie, of Mich., the minutes were amended.

Dr. Atlee, of Pa., offered a resolution that the request of Dr. H., in regard to the publication of the report, be granted.

Dr. Lindsley, of Tenn., opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Ill., moved to refer the matter to a special Committee. Carried.

The President appointed as such Committee, Drs. Palmer, of Ill., Atlee, of Pa., and Hills, of Ohio.

The following gentlemen were admitted as members, by invitation, of the Association:—Drs. Edward Cox and S. B. French, of Battle Creek, Mich., introduced by Dr. Gunn; Dr. O'Donohue, of Battle Creek, introduced Dr. Coates; Dr. S. A. Scott, of Woodstock, C. W., introduced by Dr. Stewart; Drs. E. R. Thornton, of Belleville, Mich., Holly, of Shiawassee, Mich., Foster, of Unadilla, Mich., and W. H.

Stevens, of Mich., introduced by Dr. Denton ; Dr. Thos. M. Franklin, of Lafayette, Ind., introduced by Dr. Rockwell.

Dr. Gunn, of Michigan, moved that those gentlemen from Canada, who are here by general invitation, be admitted in a body, and be requested to take seats on the platform during this morning's session. Carried.

The following gentlemen complied with the invitation :—

Dr. E. M. Hodder, F. R. S. Eng. Prof. of Midwifery and Diseases of Children, Trinity College, Toronto.

Dr. J. H. Richardson, M. R. C. S., Eng., Examiner of Anatomy, University of Toronto.

Dr. Norman Bethune, M. R. C. S., Eng., Prof. of Anatomy, Trinity College, Toronto, C. W.

Dr. Worthy Haswell, M. R. C. S. Eng.

Dr. A. K. Dewson, College Physicians and Surgeons, New York, Licentiate of Province of the Canadas.

Dr. Geo. Coatsworth, Medical Department University of Buffalo, Licentiate of Province of the Canadas.

Dr. John Tarquand, Woodstock, C. W.

In receiving them upon the platform, the President, Dr. Pitcher, said he was happy to be the instrument of celebrating the nuptials, by which we effect a scientific re-union of the two members of the Anglo-Saxon race, which have so long been separated by the political relations having their origin in the separation of the American colonies from the English crown.

Dr. Hodder, in behalf of his Canadian brethren, thanked the Association for the courtesy and kindness extended to them.

Dr. Sutton, of Ky., offered a resolution that 1,000 copies of the address of the late President, Dr. Wood. be published. Adopted.

On motion of Dr. J. B. Lindsley, of Tenn.,

Resolved, That a committee of three be appointed by the Chair to prepare a suitable minute in reference to the death of our late Secretary, Dr. P. C. Gooch, of Richmond, Va., who fell a martyr while contending with the pestilence in Norfolk, in 1855.

The President appointed as such Committee Drs. Lindsley, of Tenn., Thomson, of Del., and Mendenhall, Ohio.

Dr. Gross, of Ky., from Committee appointed the day previous, reported the following preamble and resolutions relative to the death of Dr. J. C. Warren, of Boston :—

Whereas, It has pleased Almighty God to remove from the scene of his earthly labors our late fellow-member, Dr. John C. Warren, of Boston, formerly President of this Association, and for many years Professor of Anatomy and Surgery in Harvard University ;

And whereas, It is just and proper that, when a great and good man dies, his memory should be cherished by his fellow-citizens, and transmitted unimpaired to posterity for the encouragement of future ages ; therefore

Resolved, That this Association has learned with profound regret the news of an event which has deprived the American medical profession of one of its oldest, most useful, and most illustrious members—American surgery one of its greatest ornaments—science one of its best friends—and humanity one of its noblest benefactors.

Resolved, That the life of Dr. John C. Warren affords an example of a man who, notwithstanding the possession of ample riches, devoted himself, heart and soul, for upwards of half a century, to the cultivation and advancement of his profession, and to the good of the human race.

Resolved, That this Association deeply sympathizes with the family of Dr. Warren in their bereavement, and that the Secretary be requested to transmit to them a copy of these proceedings.

The preamble and resolutions were adopted and referred to the Committee on Publication.

Dr. Gross, of Ky., read a report on "the causes which impede the progress of American Medical Literature." In conclusion he submitted the following resolutions:—

Resolved, That this Association earnestly and respectfully recommends:—1st. The universal adoption, whenever practicable, by our schools, of American works, as text-books for their pupils. 2nd. The discontinuance of the practice of editing foreign writings. 3rd. A more independent course of the medical periodical press towards foreign productions, and a more liberal one towards America; and 4th. A better and more efficient employment of the facts which are continually furnished by our public institutions, for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of an original, a vigorous, and an independent national medical literature.

Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

Resolved, That we shall always hail with pleasure any useful or valuable work, emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories.

Dr. Phelps, of New York, moved that the report and resolutions, as a whole, be adopted.

At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member proposed to substitute "just" for "liberal" in line 5. Dr. Gross accepted the amendment.

Dr. Palmer, of Ill., wished to understand the meaning of the word "practicable," as employed in the resolution, (line 2). If it meant that inferior work by an American author was to be used in our medical schools, in preference to a superior one, treating of the same subject, by a foreign author, he was decidedly opposed to the resolution. If, when the American work is equal or superior to the foreign one, it is to be used, then he had no objection. He alluded to works by eminent English and French authors.

Dr. Gross explained. One of the works alluded to by Dr. Palmer must of necessity be used in our medical institutions of learning, as there is no work by an American author on the same subject. Foreign works should be used as books of reference, and American books, "when practicable," as text books.

Dr. Yandel, of Ky., moved that the resolutions be made the special order for Thursday morning. Lost.

Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted

and sent out to the world, they savor too much of know-nothingism to make them palatable. [Sensation.]

Dr. Leide, of Pa., was in favor of leaving to teachers of medicine the selection of their own text books.

Dr. Davis understood there was another report touching upon the subject—that upon "American Medical Literature," by Dr. Breckenridge, of Ky. He moved to lay the resolutions upon the table until that report was read. Carried.

The Secretary read a communication from Dr. P. A. Jewett, of Conn., Chairman of the Committee to procure Memoirs of the eminent and worthy dead. Referred to Committee on Nominations.

Dr. Breckenridge, of Ky., read a report upon American Medical Literature.

On motion of Dr. Hooker, it was accepted and referred to the Committee on Publication.

The Association then adjourned till to-morrow morning at 9 o'clock.

THIRD DAY—MORNING SESSION.

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected and approved.

A communication from Dr. Worth, of Md., relative to a report upon the Medical Topography of the eastern shore of Maryland, and one from Dr. Thompson, of Ky., relative to a report on "Chloroform," were referred to the Committee on Nominations.

The Secretary read a letter from E. S. Lesmoines, of St. Louis, enclosing an autograph letter from M. Dubois.

The Secretary read a communication from J. C. Holmes, Esq, the Secretary of the Michigan State Agricultural Society, presenting to the Association twenty-five copies of the Transactions of the Society for 1853, and also the same number of the Transactions for 1854.

Dr. Brodie, of Mich., moved that the thanks of the Association be returned therefor, and that one copy be presented to each State represented. Carried.

On motion, Dr. McGugin, of Iowa, was appointed a member from that State, of the Committee on Nominations.

On motion of Dr. Atlee, of Pa.,

Resolved, That the President shall be authorized annually to appoint delegates to represent this Association, at the meetings of the British Association, the American Medical Society of Paris, and such other scientific bodies in Europe as may be affiliated with us. Adopted.

Dr. Gluck, of New York offered the following:—

Whereas, During the present year a medical congress is to be held in Europe: therefore

Resolved, That the American Medical Association send to that congress four delegates, representing the four sections of the Union.

Dr. Davis, of Ill., thought it might be necessary and proper to send a greater number than four. He moved to lay the resolution on the table. Carried.

Dr. Clendenin offered the following:—

Resolved, That a Committee of one be appointed for a period of three years, with instructions to report progress at each annual meeting of this Society, to investigate the etiology and pathology of epidemic cholera, and that said Committee be allowed to add any other members to the same, which they think may be necessary to further the objects of the appointment.

On motion, referred to the Committee on Nominations.

On motion of Dr. Mendenhall, of Ohio,

Resolved, That the Secretary be instructed to strike the name of G. H. Cleveland from the list of permanent members of this Association.

On motion of Dr. Atlee, of Pa.,

Resolved, That the name of James R. McClintock be stricken from the list of permanent members.

These expelled members were accused by the movers of the resolutions of having retrograded into quackery.

On motion of Dr. Bissell, of New York.

Resolved, That this Association has learned with deep regret of the death of one of its members, Dr. Theodore Romeyn Beck, of Albany, N. Y., whose whole life has been devoted to the attainment and promotion of medicine and general science, and that we do hereby express our high appreciation of the excellences of his character, distinguished by its simplicity, integrity, and firmness of purpose, and by the extent and variety of his acquirements in medical as well as in almost every department of science.

Resolved, That the above resolution be referred to the Committee to procure memorials of the eminent and worthy dead, and that they be requested to procure a memoir of the late Dr. Beck, to be published in the transactions of the Association.

Dr. Bloodgood, of Ill., offered the following:—

Resolved, That the constitution of this Association be so amended as that hereafter the President shall be elected by ballot, and shall not be a resident of the State in which he is elected.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Gunn, of Mich., reported the following members present by invitation:—Dr. Ashley, of Ypsilanti, Mich., introduced by Dr. Brodie; Dr. H. F. Ewers, of Union, Mich., introduced by Dr. B. White, of Saginaw; Dr. Alex. Ewing, of Dexter, Mich., introduced by Dr. Denton; Dr. Reynall, of Dansville, N. Y., introduced by Dr. N. W. Ely; Dr. G. F. McCarthy, of Ind., introduced by Dr. Davis; Dr. M. H. Andrews, of Jonesville, Mich., introduced by Dr. Cone; Dr. J. R. Coates, of Kalamazoo, Mich., introduced by Dr. S. Barrett; Dr. W. H. Stebbins, of Saline, Mich., introduced by Dr. Denton; Dr. D. L. Briggs, of St. Joseph County, Mich., introduced by Dr. Robinson.

Dr. Wister, of Pa., offered the following, which was adopted:

Resolved, That the invitation to gentlemen of the medical profession of Canada, extended to them by the American Medical Association at its session in Philadelphia, be renewed for the meeting at Nashville, Tenn.; and that this Association may be safe from the introduction of unsuitable persons, it is recommended that gentlemen presenting themselves from the Province of Canada should be provided with a letter of introduction to this Association from one of the following gentlemen:—Drs. Tarquand, A. Scott, Woodstock, Canada; Drs. Hodder, Bethune, Richardson, Bonell, Haswell, Widmer, Beaumont, Her-

rick, of Toronto; Drs. O'Rielley, Craiggie, Duggan, of Hamilton; Dr. Sampson, of Kingston.

Dr. Phelps, of New York, offered the following:—

Whereas, It has pleased an All Wise, but Inscrutable, Providence, to visit the city of Norfolk, Va., and vicinity, with a desolating pestilence, equal, or surpassing, any recorded in ancient or modern times, and by which, in a few weeks, [illegible] rty physicians, either residents or those from abroad, who had promptly rushed to the rescue, among the number of whom was our late Secretary and associate, Gooch, of Richmond—had been swept away; therefore,

Resolved, That such an instance of signal and unflinching devotion to the cause of science and of humanity demands at the hands of this national Association a passing expression of their high admiration of this, another, memorable instance of the unparalleled sacrifices of the profession to the interests of the healing art and of the race.

Resolved, That this minute be incorporated in our transactions.

Adopted.

On motion of Dr. Palmer, of Ill., Rt. Rev. Samuel A. McCoskry, Episcopal Bishop of this diocese, was invited to a seat upon the platform.

The like courtesy was extended to Dr. Mussey, formerly President of the Association.

Dr. Stocker, of Pa., offered the following amendments to the constitution:

Amend article 3 so that it shall read: "Article 3.—The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The Association shall meet biennially in the city of ——. The place of meeting for the intermediate year shall be determined by a vote of the Association."

Amend article 4 by providing for one permanent and two assistant secretaries, and also specifying the duties, etc., of each.

Laid on the table, under the rule.

Dr. Dorsey, of Ohio, offered the following:

Resolved, That in May, 1858, and every third year thereafter, this Association meet at Washington City, and that the present officers be requested to correspond with the Board of Managers of the Smithsonian Institute, in regard to furnishing necessary rooms for the keeping of the archives of the Association.

Laid on the table, under the rule.

On motion of Dr. Sheets,

Resolved, That it is derogatory to the dignity of the medical profession to notice the works of irregular practitioners in our medical periodicals.

Dr. Frost, of S. C., objected to the introduction of resolutions. He thought it irregular. Reports were the order.

Dr. Davis, of Ill., moved that reports be made the special order. Carried.

Dr. Watson, of N. Y., moved to reconsider the last vote, in order to take up the resolutions attached to the report of Dr. Gross, of Ky., upon the "causes which retard American medical literature." Carried.

The resolutions were taken up. The question being upon their adoption.

Dr. Gross read extracts from his report, explained the intent of the resolutions, insisted upon their necessity, and advocated their adoption.

Dr. Davis, of Illinois, was opposed to adopting any report. There were now before the Association two reports, (the one by Dr. Gross, of Ky., and one by Dr. Breckenridge, of Ky.,) presenting directing adverse views. He thought both should be accepted and referred to the proper committee—nothing more.

Dr. Breckenridge, of Ky., said the point at issue is—whether the Association will favor the sectionalism or the universality of medicine. If Dr. Gross' report and resolutions are adopted, we decided in favor of the former.

Dr. Cobb, of N. Y., foresaw the difficulty that would arise in adopting Dr. Gross' report the day previous.

Dr. Watson, of N. Y., moved to reconsider the vote by which the report was adopted. Carried.

He then moved that the report be accepted. Carried.

On motion of Dr. Atlee, of Pa., the report and resolutions of Dr. Gross, and the report of Dr. Breckenridge, upon "American Medical Literature," were referred to the Committee on Publication.

Dr. Palmer, of Ill., from Special Committee to which was referred the communication of Dr. Hamilton, reported the following resolution, which was adopted:

Resolved, That leave be granted to Dr. F. H. Hamilton to make use of the materials of his report on "Deformities after Fractures," which is in course of publication by this Association, in his anticipated work upon "Fractures and Dislocations."

Dr. A. B. Palmer, Professor in the Michigan University, from the Committee on Plans of Organization for State and County Medical Societies, presented a lengthened and able report, containing numerous useful suggestions, with outlines for the proper organization of local societies, and a series of resolutions in accordance with the views enforced in the report. Accepted, and referred to the Committee on Publication.

On motion, the resolutions were temporarily laid on the table for further action by the Convention.

Dr. Davis, of Illinois, chairman of Special Committee, reported on "The Changes in the Composition and Properties of the Milk of the Human Female, Produced by Menstruation and Pregnancy," in a paper containing numerous valuable details of much interest to the profession and the public, obtained by careful examination and comparison, and showing conclusively the ill effects of lactation, especially during the latter of the periods referred to. Accepted, and referred to the Committee on Publication.

Dr. Chas. Q. Chandler, of Missouri, who was to report on "Malignant Periodic Fevers," submitted, as a substitute, through the Secretary, a paper on "Sulphate of Cinchona," which was received as a "voluntary contribution," and referred to a special committee.

Dr. Johnson, of Chicago, asked further time to report on "Excretions, etc." Referred to Committee on Nominations.

Dr. J. M. Newman, of Buffalo, from Committee on the Sanitary Police of Cities, presented an elaborate report, embracing details of the various estimated causes of disease in cities, as compared with rural localities, together with numerous valuable statistics of mortality in the largest cities of Europe and the Union, of which the Doctor, at the request of the Association, gave a brief, verbal abstract. The report evidently embodies a vast mass of useful information, with deductions from it that city life is inimical to health and longevity, and arguments enforcing the urgent necessity for ameliorating the sanitary condition of the populous localities of cities and large towns. Of diseases arising from impure air and insufficient ventilation, classed under the term "zimotic," the report stated that, in 1850, 40 per cent. of all the deaths in the various cities were of that nature. The report also embodied details of the loss of life from cholera, small pox, etc., giving startling expositions of danger from these sources, and recommends the enactment of laws for compulsory ventilation and cleanliness, as well as for vaccination, etc. Accepted, and referred to Committee on Publication.

The President here requested such delegates as would prefer to take passage, on their return, on the Michigan Central Railroad Company's steamer, Western World, for Buffalo, which leaves to-day at 12 M., to signify their wishes.

Adjourned to 2 o'clock P.M.

AFTERNOON SESSION.

The Association met at 2 o'clock.

Dr. A. J. Fuller, of Me., chairman of the Committee on the Best Treatment of Cholera Infantum, read a report thereon, in which he stated that the pathology of the disease was little understood, and that physicians should interchange views on the subject. The report was accepted and referred to the Committee on Publication.

Dr. Green, of N. Y., chairman of the Committee on the Use and Effects of Application of Nitrate of Silver to the Throat, read a report thereon. He asserted that great benefits had been derived from topical medication in thoracic diseases,—tuberculosis, bronchitis, etc. The report was accepted and referred to the Committee on Publication.

Dr. Flint, of Louisville, chairman of the Committee on the Best Mode of Rendering the Medical Patronage of the National Government Tributary to the Honor and Improvement of the Profession, read a report thereon. He denounced the granting of patents by the United States government to "quack medicines,"—stating, however, that it appears, from a letter written by the present Commissioner of Patents, that the practice of the Office has been to discourage such abuse of its functions, and that, during the past fifteen years, but four or five such patents have been granted, although from twenty to thirty applications therefor had been made per year. The credit of sanitary improvements, Dr. Flint said, were not due to individuals, but to medical science. Such improvements are never discoveries or revelations, but inductions. The United States government should

aid the great cause of medical science by making appropriations for the publication of the transactions of the National Association, and by paying prizes for the best essays on subjects selected by that Association. The report was accepted and referred to the Committee on Publication.

The Committee on Nominations made the following report:—

The Nominating Committee beg leave to make the following report:—

For Chairman of Special Committees for 1857:—

Dr. E. R. Peaslee, of Brunswick, Me., on Inflammation, its Pathology and its Relation to the Recuperative Process.

Dr. J. C. Hutchinson, of Brooklyn, N. Y., and Charles E. Isaacs, of New York city, on the Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Augusta, Ky., on the Treatment of Cholera.

Dr. Mark Stephenson, of N. Y., on the Treatment Best Adapted to Each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, etc.

Dr. J. W. Corson, of N. Y., on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.

Dr. D. Meredith Reese, of N. Y., on the Causes of Infant Mortality in Large Cities, the Source of its Increase, and the Means for its Diminution.

Dr. J. Foster Jenkins, of Yonkers, N. Y., on Spontaneous Umbilical Hæmorrhage of the Newly Born.

Dr. Henry Carpenter, of Lancaster, Pa., on the Use of Instruments in Obstetrical Practice.

Dr. Alex. J. Semmes, of Washington, D. C., on the Measures to be Adopted to Remedy the Evils Existing in the Present Mode of Holding Coroners' Inquest.

Dr. J. Marion Sims, of New York city, on the Treatment of the Results of Obstructed Labor.

Dr. J. B. Flint, of Louisville, Ky., on the True Position and Value of Operative Surgery as a Therapeutic Agent.

Dr. G. Volney Dorsey, of Piqua, Ohio, on the Causes and Cure of Indigestion, especially in relation to the Therapeutic Indications to be derived from the Chemical Composition of the Deposits in the Urine.

Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in Courts of Justice.

Dr. Jos. Leidy, of Philadelphia, Pa., on Human, Animal, and Vegetable Parasities.

Dr. M. D. Darnall, of Bainbridge, Ind., on the Value of a Strict Attention to Position in the Treatment of Diseases of the Abdomem.

Dr. George Sutton, of Aurora, Ind., on Milk Sickness.

Dr. Clark J. Pease, of Janesville, Wis., on the Blending and Conversion of the Types of Fever.

Dr. B. S. Woodsworth, of Fort Wayne, Ind., on the Best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever and Malarious Neuralgia.

Dr. Franklin Hinkle, of Marietta, Pa., on the Use of Cinchona in Malarious Diseases.

Dr. Henry V. Campbell, of Augusta, Ga., on the Nervous System in Febrile Diseases.

Dr. John Neill, of Philadelphia, Penn., on the Laws, Governing the Deposit of Bone.

Dr. John W. Greene, of N. Y. city, on the Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids.

Dr. George Suckley, U. S. A., on the Medical Topography and Fauna of Washington Territory.

Dr. Jas. Cooper, of Hoboken, N. J., on the Flora of Washington and Oregon Territories.

Dr. Chas. E. Isaacs, of N. Y., on the Intimate Structure and the Pathology of the Kidney.

Dr. Israel Moses, of New York City, on the Diseases Incidental to Europeans from Temperate Climates in their transition through Central America.

Dr. T. W. Gordon, of Georgetown, Brown County, O., on the Etiology and Pathology of Epidemic Cholera, to be continued three years, and with power to add any other members.

Dr. H. A. Johnson, of Chicago, on the Excretions as an Index to the Organic Changes going on in the System.

Dr. D. D. Thompson, of Louisville, on the Remedial Effects of Chloroform.

Standing Committees.—*Committee on Publication*—Drs. Francis G. Smith, of Pa., Chairman; Caspar Wister, of Pa.; Samuel L. Hollingsworth,; of Pa. Samuel Lewis, of Pa.; H. F. Askew, of Del.; Wm. Brodie, of Mich.; R. C. Foster, of Tenn.

Committee on Prize Essays—Drs. Wm. K. Bowling, of Tenn., Chairman; E. B. Haskins, of Tenn.; Thomas Lipscomb, of Tenn.; A. H. Buchanan, of Tenn.; B. W. Avent, of Tenn.; W. A. Cheatham, of Tenn.; Paul F. Eve, of Tenn.

Committee of Arrangements—Drs. C. K. Winston, of Tenn., Chairman; Ira Conwell, of Tenn.; William D. Haggart, of Tenn.; J. L. C. Johnson, of Tenn.; F. A. Ramsay, of Tenn.; Geo. Grant, of Tenn.; J. B. Lindsley, of Tenn.

To fill vacancies in the Committee on Medical Topography and Epidemics:

New Hampshire—Dr. V. P. Fitch, of Amherst.

California—Dr. Robert Murray, of Fort Miller.

To fill vacancies in the Committee upon a Uniform System of Registration of Marriages, Births, and Deaths:

Vermont—Dr. Adrian T. Woodward, of Castleton.

Connecticut—Dr. Wm. B. Casey, of Middletown.

Virginia—Dr. R. W. Haxall, of Richmond.

California—Dr. Arthur R. Stout, of San Francisco.

They recommend the continuance of the "Committee to Procure

Memorials of the Eminent and Worthy Dead," and that the report, as far as prepared, be referred to the Committee on Publication.

STANDING COMMITTEES.—*On Medical Education*—Drs. E. Geddings, of S. C., Chairman; C. W. Le Boutillier, of Minnesota; G. F. Mitchell, of Ohio; S. W. Clanton, of Ala.; S. W. Butler, of N. J.

On Medical Literature—Drs. R. Hills, of Ohio, Chairman; D. W. Yandell, of Ky.; R. R. Porter, of Del.; H. A. Johnson, of Ill.; Charles E. Swan, of Maine.

The President stated that Dr. Anderson, of Ala., chairman of Committee on Medical Education, had sent in his report. It was accepted and referred to the Committee on Publication.

A report from Dr. Wroth, of Md, on the Medical Topography and Epidemics of the Eastern Shore of Maryland, was accepted and referred to the Committee on Publication.

A report from Dr. Cain, of S. C., on the Epidemic of Yellow Fever in Charleston, in 1854, was accepted and referred to the Committee on Publication.

A report from Dr. Fenner, of La., on the Medical Topography and Epidemics of Louisiana, was accepted and referred to the Committee on Publication.

The Secretary, Dr. Brodie, stated that he had received a letter from Dr. Dillard, U. S. N., appointed on the Committee on Medical Topography and Epidemics, saying that he could not act, in consequence of having received no appointment as delegate to the Association from the Surgeon-General.

Dr. Gunn, of Michigan, said three communications had been handed to the Committee of Arrangements by the Secretaries, which they (the Committee) had not time to examine. He asked that a special committee be appointed to report on volunteer communications.

Dr. Palmer, of Ill., offered the following, which was adopted:

Resolved, That the volunteer communications in the hands of the Committee of Arrangements be referred, with all other such communications, to a special committee to be appointed by the Chair, residing at the place of publication of the transactions; and if, in their judgment, the papers are worthy, they be referred by them to the Committee on Publication, to go into the transactions of the Association.

The President appointed as such committee, Drs. A. Stille, S. Jackson, and F. J. B. Biddle.

The authors and titles of the volunteer communications were announced by Secretary Brodie, as follows:

By Dr. C. J. Chandler, of Rocheport, Mo., on Sulph. Cinchona in Periodic Diseases.

By Dr. Isidor Gluck, of New York, on Formation of Gun-Shot Wounds, etc.

By Dr. G. P. Hachenberg, on an Improved Method of Applying Compression to the Scrotum.

A member of the Committee on a Uniform System of Registration of Marriages, Births, and Deaths, stated that they were unable to make a report at present, in consequence of the death of their chairman, Dr. Wilson, of Conn.

The Committee on Medical Literature, for 1855, was continued for another year.

Dr. Neill, of Philadelphia, offered a resolution that no medical preparation, account of surgical operation, or anything else designed or calculated to give notoriety to an individual, be laid before the Association, until reported upon by a special committee.

Dr. Wood, of N. Y., presumed that this resolution was aimed at him. He had come here with the description of a disease never before described by surgeons—phosphorous disease of the jaw-bone. He had felt great delicacy in inviting the attention of the Association to the subject, and it was not until after consultation with many of the most prominent members of the body, that he had permitted a friend to do so. As for the charge of seeking notoriety, he denied it *in toto*. He had aimed at no such purpose, and he felt wounded at the tone of the resolution.

Much applause followed the conclusion of Dr. Wood's remarks.

Dr. Neill disclaimed the intention of personal allusion in the resolution he had offered. That resolution embodied a principle which never should be violated. Dr. Wood's reputation, or notoriety, might not be enhanced by the action under reference, but the privilege of similarly proceeding might be abused by other persons hereafter.

Dr. Neill's remarks were received with applause.

Dr. Wood said he had heard, beforehand, that such a resolution was to be offered; and it was not the resolution itself that he cared so much about as the outside talk. He expressed a desire that the motion of Dr. Gross, of Ky., inviting the Association to examine his (Dr. Wood's) surgical specimen, would be stricken from the minutes.

Dr. Thomson, of Del., made some humorous remarks. He hoped that New York would hold her jaw, and Philadelphia not stick in hers. He trusted that Dr. Neill would withdraw his resolution, and that Dr. Gross' motion would be stricken from the minutes. If these were done, he would see that all was made right between the opposing gentlemen before they reached home.

Dr. Gross moved to strike his motion referred to from the minutes, for the purpose, he said, of removing the bone of contention.

Dr. Neill withdrew his resolution, and Dr. Gross' motion was stricken from the minutes.

Dr. Gross, of Louisville, tendered, in behalf of the medical profession and the citizens of Louisville, an invitation to the Association to meet in that city in May, 1858. Placed on file.

Dr. Dorsey, of Ohio, offered the following resolution, which was adopted:

Resolved, by the American Medical Association, That the Committee of the Etiology and Pathology of Cholera be instructed to memorialize the Congress of the United States, requesting that honorable body to grant every necessary assistance which can or will promote the objects for which the Committee has been appointed.

The Secretary read a communication from the Royal Medical and Chirurgical Society of England, thanking the American Medical Asso-

ciation for their present of the eighth volume of their Transactions. Ordered placed on file.

Dr. Wister, of Pa., offered the following which was adopted:

Resolved, That a committee of three be appointed by the President to correspond with the proper officer of the Smithsonian Institute, inquiring into the possibility of procuring a chamber in that institution for the uses of this Association.

The President appointed as such committee,—Drs. Wister, of Pa.; Hale, of Washington; and J. Neill, of Pa.

Dr. Phelps, of N. Y., offered the following, which was adopted:

Resolved, That the thanks of this Association are due, and are hereby tendered, to the Fire Department of the city of Detroit, for the use of their large and commodious hall, so amply furnishing to us accommodation for the convenient transaction of business.

Resolved, That the urbane deportment and elegant hospitalities of the profession and of private individuals, as well as the polite attentions of citizens generally, demand of this Association a high appreciation of the cultivated manners of this city of the West, and which has tended greatly to enhance the pleasure of the session here of the delegates from abroad.

The Association adjourned.

LAST DAY.

The Association was called to order by the President, at nine o'clock.

The minutes were read, corrected, and approved.

Dr. Palmer, of Ill., moved that Dr. Coolidge, U. S. A., be substituted in the place of Dr. Finley. U. S. A., as a member of the Committee on Medical Topography and Epidemics. Dr. Palmer said he made the motion by request. Carried.

The following additional members (present by invitation) were reported:—Dr. Sanders, of Monroe, Mich., introduced by Dr. Rice; Dr. R. K. Rodgers, Suspension Bridge, N. Y., introduced by Dr. Brodie; Dr. Dwight, Aims, Calhoun county, Mich., introduced by Dr. Gunn.

Dr. Atlee, of Pa., offered the following, which was adopted:—

Resolved, That all voluntary communications hereafter presented to the Association shall be referred to a Special Committee, to be appointed by the President on the first day of each annual meeting, whose duty it shall be to examine such communications and report upon the propriety of their presentation and reference to the Committee of Publication.

Dr. Lindsley, of Tenn., from the Special Committee appointed the day previous, reported the following preamble and resolutions:

Whereas, The exhibition of high courage and of self-sacrificing devotion to the good of others is ever honorable to a profession by whose members it is manifested, and worthy of their remembrance and emulation; therefore,

Resolved, That in the death of P. Clairborne Gooch, of Richmond, Va., who nobly volunteered his services during the pestilence at Norfolk, we recognize a loss to this Association, the profession, and the country. His arduous and successful labors as Secretary to the meetings at Charleston and Richmond merited the regard of this Association. The zeal, ability, and industry manifested by

him as founder and editor of the *Stethoscope*—the first medical periodical established in the State of Virginia—showed his devotion to the cause of medical progress and activity, and the manner of his death gave signal evidence that he was one of whom his country might well be proud.

Resolved, That a copy of these resolutions be transmitted by the Secretary to the relatives of the late Dr. Gooch.

The resolutions were adopted, and had the usual reference.

On motion of Dr. Palmer, of Ill.,

Resolved, That the Committee on Registration have leave now to present a partial report, which is hereby referred to the Committee on Publication.

Dr. Benton, of Mich., offered the following:—

Resolved, That a Committee of three shall be appointed, whose duty it shall be to enlist some enterprising publisher to aid in collecting and arranging material for an American Medical Directory.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Leidy, of Pa., offered the following:—

Whereas, It is the object of this Association, in the award of prizes for communications on subjects appertaining to medical science, to encourage the progress of the latter; and as this result cannot be better attained than through original investigation and discovery—

Resolved, That hereafter an annual prize of —— dollars be awarded for the best memoir or essay founded on original investigations of the author; and in case of no memoir or essay being presented, worthy of such award, the prize money to be appropriated towards the expense of publishing and illustrating such memoirs as may be subsequently deemed worthy of an award.

The resolutions, together with the suggestions of the Committee on Prize Essays, as to whether any means can be devised to cause an increase of the number of essays presented, were referred to a Special Committee, consisting of Drs. Leidy, Wood, and C. D. Meigs, of Pa.

Proposed amendments to the constitution being in order, Dr. Smith moved that the proposition to amend by providing that "any member who omits to pay for the published transactions for three successive years, shall be considered as withdrawn," be laid upon the table until the next annual meeting of the Association. Carried.

The Secretary read an invitation to the Association to attend the next annual meeting of the Massachusetts State Medical Association. Accepted.

Dr. R. K. Smith offered the following:—

Resolved, That a special committee be appointed to report to the next meeting of the American Medical Association a classification of those diseases which involve a derangement of the mental manifestations.

Adopted, and Dr. Smith appointed chairman of said committee, with power to choose his associates.

On motion of Dr. Atlee,

Resolved, That the Committee on Publication be requested to transmit annually to the Epidemiological Society, of London, a copy of our Transactions.

On motion of Dr. Gunn, of Mich.,

Resolved, That any new medical institution not heretofore represented in this body, be requested to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity, and good standing.

Dr. Phelps, of N. Y., offered a preamble and resolutions relative to the relation existing between medicine and religion. Laid on the table.

Dr. McGugin offered the following:—

Resolved, That a special committee be appointed to report on the subject of "Stomatitis Materna."

Adopted, and Dr. McGugin appointed chairman of such committee.

On motion of Dr. Bailey, of Ill., Dr. Davis, of Chicago, was requested to continue his observations on the changes produced in the composition and qualities of milk by pregnancy and menstruation; also the best substitute for the mother's milk when weaning becomes necessary; and report at the next meeting of the Association.

A report from the Committee on Railroads, etc., was read, and the same Committee continued to next meeting.

On motion of Dr. Smith, of N. J., the resolutions of Dr. Palmer, offered the day previous, were taken from the table and referred to the Committee on Publication.

On motion of Dr. Atlee, of Pa., the thanks of the Association were returned to those railroads that had evinced a liberality in conveying delegates to and from the Association.

On motion of Dr. Palmer, of Ill.,

Resolved, That the thanks of the Association be presented to the press of the city of Detroit, who have taken so much interest in reporting the proceedings of this meeting.

The Association then adjourned to meet in Nashville, Tenn., in 1857.—*Abridged from Peninsular Jour. of Med.*

EDITORIAL.

To the Editors of the N. Y. Journal of Medicine:

During the past four or five years, I have been in the habit of using collodion as a topical application to the face, in cases of variola, and the results have been so generally satisfactory as to richly repay the labor of making this application to the pustules. But the simple collodion dressing does not, in the majority of cases, *insure* against the events of suppuration and pitting, though it does, in a large proportion of cases in which it is resorted to, seem to diminish these unpleasant accidents of the malady.

As the exclusion of *light* as well as the atmosphere seems to be a desideratum to be attained by any topical medication of variolous vesicles or pustules, we have at this Hospital, for some time past used a preparation of collodion, that is rendered opaque by the tannate of iron, as follows:—

℞ Collodion, ℥iij,
Tinct. Kino, ℥j,
Do. Ferri. Mur. ʒij, ℏ

This preparation is carefully applied with a camel-hair brush to each vessicle and each confluent patch once or twice daily for three, four, or five days, until the surface of this artificial and opaque cuticle assumes a smooth and polished appearance, and the process of desiccation is about to commence.

The first application should be made about the fourth day of the eruption, or as soon as the vesicles are fairly formed.

The results of this topical medication have, thus far, been highly gratifying, though it has been resorted to only in our worst cases. In several cases, this dressing, which forms an impervious mask, has left the face perfectly smooth, and in an unusually soft and healthy condition; and in every instance the treatment has resulted very satisfactorily. Compared with the simple collodion, or with any other dressing, it promises to be incomparably the most valuable of any preparation yet devised for ameliorating the sad accidents that so greatly terrify the friends of young and fair victims of this most loathsome malady.

In connection with this announcement of a new dressing for the face in small-pox, I will venture to make known the fact that in the treatment of erysipelas, we have during the past six months used a *mixture of collodion and tincture of iodine*, as a local application, with results that have been exceedingly satisfactory. A mixture of equal parts of the two articles, appears to be far more serviceable, than any other topical medication, that I have ever resorted to in the treatment of some cases of erysipelas. The collodion not only acts as a constantly and easily applied compress, but it may, and probably does serve to keep up and augment the specific effect of the tincture of Iodine with which it is combined.

With this local appliance, and a heroic administration of *tinct. ferri. mur.*, erysipelas becomes a less formidable malady than it has been under other modes of treatment.

The attention of physicians is respectfully solicited to these new uses of collodion, (new, at least, in these combinations); and if an extension and varied experience should establish the utility of this article in the applications we have suggested, we shall feel amply compensated for the diffidence we experience in making such suggestions from a limited experience in a single hospital.

Truly yours, ELISHA HARRIS,
Physician to Marine Hospital.

Quarantine, June 14th, 1856.

Correction.—Messrs. Editors:—I observe in your last number that you have given me credit for applying a ligature to the carotid, for anuerismal tumor of the eye, to which I am not entitled.

The case which I narrated to the Surgical Section, belonged to Dr.

Thebaud, with whom I saw it in consultation, and assisted at the operation, which was performed by him. I may say, *en passant*, it was one of the most beautiful operations I ever witnessed.

By inserting the above in your next number, or correcting the error in any other way you think proper, you will much oblige.

Yours most respectfully,

LEWIS A. SAYRE.

795 BROADWAY, N. Y.

Awards of the French Academy of Science.—The recompenses of the French Académie des Sciences have been awarded this year :

1. To Dr. Hannover, of Copenhagen, for his important researches on the anatomy, physiology and pathology of the eye—1,500 francs.

2. To Professor Lehmann, of Leipzig, for his capital work on physiological chemistry—1,500 francs.

3. To Dr. Cazeaux, for a paper on chloro-anæmia in pregnant women.

4. To Dr. Tardieu, for his great work entitled "Dictionnaire d'Hygiène Publique, et de Salubrité," in three vols.—1,000 francs.

5. To Dr. Beau, for a paper on the physiology and pathology of the spleno-hepatic apparatus—1,500 francs.

6. To Dr. Foissac, for his book entitled "De la Météorologie dans ses Rapports avec la Science de l'Homme, et principalement avec la Médecine et l'Hygiène Publique"—1000 francs.

7. To Dr. Béraud, for his researches on the anatomy and pathology of the lachrymal organs—1,500 francs

8. To M. Dareste, for his researches on the circumvolutions of the brain—1000 francs.

9. To M. Bouquet, for a paper on the chemical composition of the waters of Vichy—1,500 francs.

10. To Dr. Corvisart, for his researches on the therapeutical influence of pepsin—1,500 francs.

Among the essays rewarded by the Academy, that of Dr. Cazeaux is one of the most important. This distinguished accoucheur proves that true plethora is very rare in pregnant women, and that a state of chloro-anæmia is frequently mistaken for it. All the symptoms of chlorosis (*bruit de souffle* in the carotids, disturbances in digestion and in the nervous system, and diminution of the globules of the blood) have been found by Dr. Cazeaux in women who had been considered as plethoric; besides, instead of bleeding them, he has given iron and meat, and has cured them.

The academy has consented to offer a prize which will be the object of many researches, on account of its pecuniary value, which is 100-000f. (£4,000.) I am afraid the money will be long in the hands of the academy, as the question is not likely to be solved soon. The will of M. Bréant, the generous man, who has left this large sum to the academy, expresses his object in the following sentence: "I establish and give to the Institute of France, a prize of 100,000f. to be awarded to the person who will find a successful treatment of Asiatic cholera, or discover the cause of this disease.—*Virginia Med. Jour.*

Revolution among the Eclectics in Cincinnati, O.—The "Eclectic Medical Institute" in Cincinnati has been the scene of a riotous demonstration, in consequence of a quarrel among the members of the faculty. It seems that a Dr. R. S. Newton had rendered himself obnoxious to the other professors, in consequence of some reflections upon them in the "*Eclectic Medical Journal*," conducted by him. He was joined by Dr. O. E. Newton and Dr. L. Freeman, the alliance of the latter arising in consequence of "a difficulty in relation to a female student." Against them were arrayed the rest of the faculty, Drs. Cleaveland, Sherwood, Buchanan, Hoyt, and King. The Newton faction forcibly entered the Institute in the night, and endeavored to take possession, but were resisted by Dr. Cleaveland and the others. Dr. C. was attacked "by the Newtons, Dr. Freeman, Dr. F.'s brother, a medical student, Dr. Newton's Irish boy Dan, and other parties, who threatened to kill him." A general fight ensued, with clubs and other weapons, but no one was injured. Dr. Newton and his party retreated up stairs, and occupying the lecture rooms, prepared for a defense. Dr. Sherwood, and a number of students and the police, took possession of the lower story. Dr. Newton's party were afterwards discovered "attempting to get a small cannon in the back way, and the police captured it." The Newtonians had bedding, food, wine and lager beer, and were determined to stand a regular siege. At the last accounts, things were in *statu quo.* In the language of the Cincinnati *Daily Freeman*, to which we are indebted for the above facts, "we wait with anxiety for the result."—*Boston Med. & Surg. Journal.*

Compulsory Vaccination in Massachusetts.—A memorial upon the subject of smallpox, and the very noticeable neglect of vaccination for its prevention in this community has been addressed to the City Council by Mr. Lemuel Shattuck. In the language of one of the daily papers, "he shows that during the 26 years prior to 1837, the smallpox caused the death of 37 persons, only, in Boston. During the 12 years ending 1849, since the repeal of the act compelling vaccination, it has caused the death of 533 persons. The remedy which Mr. Shattuck proposes is a *general compulsory* vaccination of the whole of the inhabitants, *enforced* by the authority of the city and conducted by a staff of medical men, to be appointed for the purpose —sensible."

The proposition is certainly a very judicious one, and, from the figures given by the statistician, it would seem that some decided action is imperatively demanded. Foreign immigration has undoubtedly had an influence in increasing smallpox amongst us, and, by consequence, the number of deaths is larger in the second series of years cited than it is in the first; yet doubtless this great mortality might be very essentially diminished—perhaps, finally, annulled, by thorough vaccination on the plan proposed. The great importance of the subject commends it to the serious attention of the profession, and especially to those who by legislative action can cause the necessary law to be enacted.—*Ibid.*

Jefferson Medical College.—From the *Medical Examiner* we learn that Dr. Mütter, influenced, we regret to say, by his failing health, has resigned the Chair of Surgery, so long and ably held by him in this college. It is the intention of Dr. M. to endow the College with the sum of thirty thousand dollars, part of the interest of which sum will be devoted to maintaining the Museum, presented by him to the College, in good order, and adding to it yearly new preparations. In addition to these, a Lectureship on Surgical Topics will be founded—the Lecturer to be appointed every third year, so as to afford the different members of the College the opportunity of lecturing, if so disposed. The Trustees of the College have elected Dr. Mütter Emeritus Professor of Surgery. Prof. S. D. Gross, of Louisville, has been unanimously elected by the Trustees of Jefferson Medical College, to fill the chair, made vacant by the resignation of Dr. Mütter. The appointment cannot fail to give general satisfaction.

New York Eye Infirmary.—The appropriate exercises for the inauguration of the new edifice of this Institution were held on the 25th of April. Dr. Delafield delivered the address. The building, which is situated at the corner of Thirteenth Street and Second Avenue, is of three stories, and 70 feet high by 50 feet wide. A suite of five rooms in the basement form—kitchen, laundry, drug-room, drying-closet, and sitting-room for patients. On the first floor is a large lecture-room, 50 by 30 feet, at the end of the entrance-hall. Two smaller rooms, one of which is the dispensary, the other the room for receiving patients, occupy each side of the entrance hall. The second and third stories are divided into spacious, well-lighted, and admirably ventilated wards.

One of the wards is 37 feet wide, and extends the entire length of the building, with accommodations for 40 patients. The remainder vary in size, to suite those patients who seek seclusion. An ophthalmic theater in the third story is fitted with all the requisites for operative surgery. Hot and cold water is conveyed throughout every part of the building. The exterior of the building is of brown sandstone of a neat appearance.

Ligature of the Internal Iliac Artery.—We understand that Prof. Mott has recently tied this artery for an enormous false aneurism of the gluteal artery. The patient was a healthy young women, and the aneurism arose from a wound with a penknife through the thick part of the gluteii muscles. This is the second time that this distinguished Surgeon has tied this artery, both cases recovered.

OBITUARY.

Death of Dr. John C. Warren.—Died, in Boston, on the 4th of May, John Collins Warren, M.D., in the 79th year of his age. Dr. W., was born in Boston, on the 1st of August, 1778. He was the son of Dr. John Warren, a distinguished physician and surgeon of

this city, and nephew to General Joseph Warren, also a physician, who fell at the battle of Bunker Hill. He received his early education at the public Latin School, and graduated at Harvard College in the year 1797. After pursuing his preliminary studies in medicine under the direction of his father, he went to Europe, where he spent several years in obtaining a thorough medical education. On his return to Boston he soon obtained an eminent rank in his profession, and was appointed, in 1815, to the chair of Anatomy and Surgery, made vacant by the death of his father. This office he held until his resignation, in 1847, when he was appointed Emeritus Professor. He held the office of President of the Massachusetts Medical Society from 1832 to 1836. He was President of the Boston Society of Natural History, which office he held at the time of his death. Dr. Warren was a member of the American Academy of Arts and Sciences; of the American Philosophical Society; of the Philadelphia Academy of Natural Sciences; of the Academy of Naples, and of the Medical Academy of Florence; an honorary member of the Medico-Chirurgical Society of London, and corresponding member of the Royal Academy of Medicine of Paris.

In connection with Dr. James Jackson, he established and organized the Massachusetts General Hospital, with which institution he was connected during the remainder of his life, either as attending or as consulting surgeon. During the latter part of his life he devoted much of his leisure time to the study of paleontology, and had amassed a most valuable collection of fossil remains, including a very perfect skeleton of the Mastodon Gigantæus of North America, of which he published a description in a splendid quarto volume.

In conjunction with Dr. Channing and Dr. John Ware, Dr. Warren was editor of this Journal at the time of its commencement, and the first article of the first number (an account of several cases of facial neuralgia treated by division or excision, of a portion of the nerve) is from his pen. We believe that the last paper which he contributed to any periodical, appeared in the Journal for May 17th, 1855; being the history of a case of section of the os femoris for artificial hip-joint (Vol. LII., No. 15). His writings on medical subjects consist chiefly of articles written for journals, but he published a valuable work on Tumors, besides several smaller ones on various medical subjects.

We print below the interesting account of the last illness of Dr. Warren, which was given by Dr. James Jackson, at a meeting of the Suffolk District Medical Society. Dr. J. remarked—

Dr. Warren's death could not be attributed to any disease which has a distinct name. For a long time his health had been bad, but there was no one marked affection. His friends had long observed a general falling off in his health. Some four years since he was induced to visit the South, and afterwards to go to Europe. From this last visit he derived some benefit. Two years ago he had an œdematous swelling of the feet. He had long before had some trouble about the heart, such as is common with old men, together with some

other symptoms of disease, which were not regarded, however, as very alarming. In February last he sent for Dr. Jackson, on account of a slight ophthalmia, which he attributed to a sharp cold wind. He had long been remarkably sensitive under such exposure. The ophthalmia continued to the time of his death, though it had then gradually diminished. This affection of the eyes seemed to be a slight affair, but it led him to keep his room darkened, and avoid out-of-door exercise as much as possible; and from the confinement, and accompanying depression, he became dyspeptic. He continued, nevertheless, to visit patients occasionally.

On two occasions within a month of his death, he was seized suddenly with vertigo, followed by copious fæcal discharges; but from these attacks he recovered, in each case within twenty-four hours. His last attack, on Saturday week before his death, was of the same nature, but with less of vertigo, and more abdominal pain. Dr. Jackson found him on the following morning low and weak, but with no extraordinary symptoms of disease. That day he remained in bed; but on the day following was so much better that he rode out of town, and there he walked in the garden, on the damp grounds, an exposure unusual for him. In the evening he was attacked for the first time with chills and rigors, had pains in the head and limbs, but most in the abdomen. On Monday morning his symptoms were aggravated with alternate chills and heat, a high pulse, parched tongue, loss of appetite, but uncontrollable thirst, and great tenderness in every part of his body. From that time he grew worse daily. He complained of great soreness on his left side, in the trunk and limbs. The tenderness appeared to be confined entirely to the integuments. His nervous system also was affected in various ways.

Dr. Jackson thought an examination would be very unlikely to show that the immediate cause of death was any local affection.

The following sketch of the *post mortem* appearances was furnished us by Dr. J. B. S. Jackson:

"On dissection, there was found an acute inflammation of the left wrist joint, a small deposit of pus near the first rib upon the right side, and acute pericarditis. At the apex of each lung were the remains of old tubercular disease. In the stomach, and near the pylorus was a cancerous-looking growth, about the size of the last joint of the thumb, and confined apparently to the mucous membrane. Since the dissection, this growth has been examined microscopically by Dr. Henry J. Bigelow, and the appearances tend to confirm the general impression, as above expressed, of the nature of the disease. The bladder was quite large, and, besides a considerable quantity of urine, contained four very peculiar-looking calculi, of the size of small marbles, which, upon examination by Dr. John Bacon, were found to consist almost wholly of oxalate of lime. The 'middle lobe' of the prostate gland was enlarged as well as the lateral lobes."—*Boston Med. & Surg. Jour.*

Death of Dr. Parkinson.—In Jersey City, May 11th, after a short illness, Wm. B. Parkinson, M.D., in the 46th year of his age, for many years House and Vaccine Physician of the New York Dispensary. At a recent meeting of the Trustees of the Institution, resolutions were adopted expressive of the great loss which they and the poor have sustained in his death. He served the institution faithfully for sixteen years. The Vaccine Department, over which he had especial control, owes to him its system and thoroughness. More than 30,000 patients have been vaccinated by him, and the city is under obligation to him as a public benefactor.—*N. Y. Med. Times.*

Death of Dr. J. G. Percival.—At Hazelgreen, Illinois, May 2nd, James G. Percival, M.D., the Poet, aged 61 years In 1824 he was appointed an Assistant Surgeon in the U. S. Army, and stationed at West Point to lecture on chemistry; but resigned his commission after holding it a few months. Dr. P. was a man of purely scholarly tastes and eccentric habits, and united a remarkable love of scientific pursuits with his taste for poetry. He possessed great linguistic acquirements, and assisted Noah Webster in the compilation of his great Dictionary. He had made a geological survey of the State of Connecticut, and, at the time of his death, held the office of State Geologist of Illinois.—*Ibid.*

Death of Dr. Barton.—Died in Philadelphia, on the 27th of March last, W. P. C. Barton, M.D., Senior Surgeon U. S. Navy. For forty-seven years Dr. Barton had belonged to the Medical Staff of the Navy, having entered the service in 1809. He was a graduate of the Medical Department of the University of Pennsylvania in 1808. His inaugural thesis being *A Dissertation on Nitrous Oxyd Gass.* He was the author of several medical and botanical works, among which may be mentioned particularly his "*Treatise, containing a Plan for the Internal Organization and Government of Marine Hospitals in the United States.*" Philadelphia, 8vo, 1814; and his "*Vegetable Materia Medica of the United States,*" *etc.; with colored engravings.* 2 vols., 4to, Philadelphia, 1817-18.

To Readers, etc.—The delay in the issue of this number has been mainly due to the negociations rendered necessary, in the change of proprietorship and publisher of the Journal. Hereafter its issues will be prompt and regular.

By the change of Proprietorship of the Journal it becomes imperatively necessary that all subscribers who are in arrears, shall remit the amount of their indebtedness with as little delay as possible in order that the books of account may be closed.—All remittances may be made by mail at the risk of the publishers, provided the letter is registered according to the late Act of Congress.

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